UNIV. OF
TORONTO
LIBRARY

Journal of Abnormal and Social Psychology
v. 7 (1912/13)

ORIGINAL ARTICLES — VOLUME VII

A Short Study in Dislike. By William D. Tait 1
A Forgotten Dream. By Ernest Jones 5
Poetry and Dreams. By F. C. Prescott 17–104
Preliminary Note on the Physiognomical Reflex. By Smith Baker 47
Critique of Impure Reason. By Frederick Lyman Wells .. 89
The Evolution of Sleep and Hypnosis. By Isador H. Coriat 94
The Treatment of Writer's Cramp and Other Occupational Neuroses. By Tom A. Williams 99
Interpretation of "Professional-Cramp-Neurosis" as a Tic. By Tom A. Williams 161
An Hypnagogic Hallucination with Dream Characters. By C. S. Yoakum 167
The Œdipus-Complex in the Psychoneuroses. By Isador H. Coriat 176
Anal Eroticism and Character. By A. A. Brill 196
Report of a Case of Versuchung Angst Attended by Visual Hallucinations of a Homicidal Nature. By G. A. Young 204
The Meaning of Ideas as Determined by Unconscious Settings. By Morton Prince 233
A Clinical Study of a Case of Phobia — Symposium.
By Morton Prince 259
By James J. Putnam 277
Proceedings, of the American Psychopathological Association, May 29, 1912. Discussion 293–349
Conditions for a Home of Psychology in the Medical Curriculum. By Adolf Meyer 313
On the Somatic Sources of Somatic Delusions. By E. H. Southard 326
Psychoanalysis and Society. By Trigant Burrow 340
A Note on the Color Sense in Relation to the Emotion of Sex. By George Henry Taylor 347
A Psychoanalytic Study of a Severe Case of Hysteria. By L. E. Emerson 385
Psychogenetic Disorders in Childhood. By T. A. Williams, 407
The Mental Manifestations of Epilepsy. By N. S. Yawger, 420

130803
24/1114

INDEX TO SUBJECTS

(Figures with asterisks indicate original articles. Figures without an asterisk indicate abstracts, reviews, critical digests, society reports, and discussions. The names of the authors are given in parentheses.)

Affective Epileptic Attacks (Bratz, Stallman, Friedman) . . 304
American Psychopathological Association (Proceedings) . . *293,349
Anal Eroticism and Character (Brill) *196
Association of Ideas (Ley and Menzerath) 224
Association for Medical Psychology and Psychotherapy . . . 87
Attention (Rignano) 67
Attention, Psychopathology of (Prager) 58
Child, Sexual Life of the (Moll) 449
Childhood, Psychogenetic Disorders in (Williams) *407
Color Sense in Relation to Sex (Taylor) *347
Consciousness of Self (Titchener) 309
Das Ich-Erlebnis (Bloch) 437
Dementia Præcox (Pascale) 155
Dementia Præcox (Bleuler) 374
Depersonalization (Dugas and Moutier) 152
Dipsomania (Julius Burger) 362
Dislike, A Study in (Tait) *1
Dream, A Forgotten (Jones) *5
Dreams and their Meaning in the Middle Ages (Diepgen) . . 380
Dream Investigations (Vold) 374
Dreams and Psychoneuroses (Jones) 62
Dreams, World of . . . (Ellis) 70
Dyspsychies (Dide) 432
Educational Psychology (Pyle) 440
Emotions and the Subconscious (Ferrari) 366
Epilepsy, Mental Manifestations of (Yawger) *420
Everyday Life, Psychopathology of (Jones) 60
Hallucinatory Delirium (Masseton) 433
Human Efficiency in Business (Scott) 312
Human Problems, Biological Aspects of (Herter) 382
Hypnagogic Hallucinations (Yoakum) *167
Hysteria, Psychoanalysis of (Emerson) *385
Ideas as Determined by Unconscious Settings, The Meaning of (Prince) *233
Imagination, Experiments on in Mental Disease (Levy-Suhl) 229
Impure Reason, Critique of (Wells) *89
Jahrbuch f. Psychoanalytische U. Psychopath. Forsch. (Abstracts of articles) 80, 82
Laughter (Bergson) 373
Mental Healing (Bruce) 71
Mind, Evolution of (McCabe) 220
Mind of Primitive Man (Boas) 220
Motive Force and Motivation-Tracks (Barrett) 441
Nerves, Conquest of (Courtney) 149

Nightmare (Jones) 144
Nightmare in Belief of Middle Ages (Jones) 444
Œdipus-Complex (Coriat) *176
Perception, Phy iological Analysis of (Abramowski) 377
Phobia, A Clinical Study of a Case of (Prince) *259
Phobia, A Clinical Study of a Case of (Putnam) *277
Physiological Psychology (Ladd and Woodworth) 147
Poetry and Dreams (Prescott) *17, 104
Professional Cramp Neurosis (Williams) *161
"Profiles," Psychological (Rossolimo) 436
Pseudologia Phantastica (Wendt) 66
Psychoanalytic Method (Seif) 55
Psychoanalysis (Brill) 447
Psychoanalysis and Society (Burrow) *340
Psychasthenia and Inebriety (Williams) 68
Psychogenetic Convulsions and Epilepsy (Clark) 217
Psychological Constellations (Pfenninger) 359
Psychology, Introduction to (Wundt) 451
Psychology, Conditions for a Home of, in the Medical Curriculum (Meyer) *313
Psychological Methods (Sommer) 63
Psychoneuroses (Dornblüth) 158
Psychoneuroses, Clinical Differentiation of (Bernheim) ... 57
Psychopathic Personalities (Meyer and Puppe) 368
Psychopathic Constitution (Zeichen) 434
Reflex, Physiognomical (Baker) *47
Renata, Case of (Schnyder) 429
Reserve Energy (Williams) 371
Sleep and Hypnosis, Evolution of (Coriat) *94
Somatic Delusions, The Somatic Sources of (Southard) ... *326
Stammering (Appelt) 150
Stuttering and Lisping (Scripture) 379
Suggestion, Problems of (Janet) 53
Thought-Reader, Investigations of a (Sommer) 218
Versuchung-Angst (Young) *204
Writer's Cramp, Treatment of (Williams) *99
Writer's and Telegrapher's Cramp, Studies of the Genesis of (Williams) *219
Zentralblatt f. Psycho Analyse (Abstracts of articles) 73

CONTRIBUTORS TO VOLUME VII

Allen, Alfred R. 353
Baker, Smith 47
Brill, A. A. 196, 297, 352, 356
Burrow, Trigant 53, 55, 57, 340, 351
Clark, L. P. 217, 298, 357
Coriat, Isador H. 67, 70, 94, 150, 176, 296, 354, 356, 429, 449
Dearborn, G. V. N. 58, 71, 147, 220, 382, 441
Donley, John E. 149

Emerson, L. E. 298, 385
Jones, Ernest . . 5, 60, 62, 63, 66, 73, 74, 80, 82, 87, 218, 299, 349, 351, 354, 357
Karpas, Morris J. 362
Kline, L. W. 440
Meyer, Adolf 300, 303, 313, 357
Onuf, B. 296
Picken, J. H. 451
Prescott, F. C. 17, 104
Prince, Morton 233, 259, 300, 303, 355
Putnam, James J. 277, 295, 297, 302, 349, 350, 444
Reed, Ralph 354
Ricksher, Charles 304, 359
Southard, E. E. 326
Starch, Daniel 312
Swift, W. B. 379
Tait, William D. 1
Taylor, E. W. 144, 293, 295
Taylor, G. H. 347
Van Teslaar, J. S. . . 152, 155, 158, 224, 229, 309, 366, 368, 373, 374, 377, 380, 432, 433, 434, 436, 437
Wells, F. L. 89, 447
Williams, T. A. 68, 99, 161, 219, 299, 349, 371, 407
Yawger, N. S. 420
Yoakum, C. S. 167
Young, G. A. 204, 349

THE JOURNAL OF
ABNORMAL PSYCHOLOGY

APRIL–MAY, 1912

A SHORT STUDY IN DISLIKE

BY WILLIAM D. TAIT

McGill University

DURING a series of experiments with colors it was found that some subjects had some very strong likes and dislikes. One dislike in particular, which was unreasonable to the experimenter as well as to the subject himself, seemed worth while investigating, all the more so, as no reason could be given, nothing could be recalled which would throw any light on the matter. The idea was to see if any buried memory complex could be brought to consciousness.

It should be stated that the subject is an experimenter himself, and has had several years' experience in the psychological laboratory, so that a case like this is worth more than one where the subjects are to some degree new to such work, expecially in experiments of this kind.

The following instructions were given to the subject. Take the word "brown" (this being the color so heartily disliked) and write it down five times with as much concentration of attention as possible. Then start the metronome at about forty and write a word for every beat. (That was the ideal.) Do not criticize what you write. Give yourself a free hand as much as possible. A passive state will aid you.

The following list of words was obtained from the subject. The introspection is also subjoined:

man	write	medical school	man	run
woman	work	stiff	strike	hand
child	write	work	fall	head
animal	——No. 1	odor	back	hold
cat		face	blood	cry
dog	BROWN	jaw	——No. 2	fear
woods	green	sore		shudder
forest	red	cake	blood	strike
stream	blue	scab	boy	head
brook	yellow	parotid	swing	hurt
trout	orange	gland	barn	fall
fish	green	sore	high	blood
line	blue	blow	push	red
hook	brown	strike	fall	brown
bait	yellow	wound	break	red
fly	blue	die	fall	blood
fish	red	man	swing	head
trout	blood	strike	floor	fall
eat	red	jaw	beam	hurt
food	dark	blood	strike	run
table	night	red	dizzy	cry
cafe	red	dark	head	home
hotel	dark	red	hurt	fear
home	blue	brown	blood	head
read	wax	blood	look	hold
			frighten	hurt

Comment is almost unnecessary on such an excellent piece of introspection as the following:

"I started out in the usual way as passive as possible, but soon became conscious that I was failing essentially, and I stopped at No. 1. I then decided that it was perfectly legitimate to start out with 'brown,' and that led me to an interesting complex in the medical school, of some two weeks before. I had been doing dissection work on an unusually 'ripe' old stiff, and when I had removed the skin and superficial fascia from the face, I came upon a badly diseased and decayed parotid gland. There was a brown clot on the surface of it running down in a malignant decay to the jaw itself. That brown I remember at the time was especially disturbing and repulsive to me, and I stood looking at it for some time — at that time I had quite

forgotten my particular complex for 'brown.' Then I felt in the pocket of my laboratory coat for my rubber gloves before continuing the dissection of the superficial muscles of the face. When I reached point No. 2 (in list of words) the whole thing dawned on me — or at least I believe what may be the complex came to mind.

"It reverts to childhood, just the year I cannot say, but it was between the age of seven and ten. I was visiting my grandmother (summer time), and a swing had been constructed in the barn, where I and my two playmates spent most of our time. As I look back now that barn was a most mysterious place to me — very mysterious — full of pits and rats. Yet in the daytime we explored it without fear. Late one afternoon, while I was swinging alone, one of the ropes broke and I took a bad fall backwards, hitting my head a glancing blow on a floor support. I remember, now, distinctly, my dazed condition as I turned to look at what I had hit, and saw drops, several of them, of reddish-brown blood. Brown, I suppose, because I was somewhat dazed. I quickly put my hand to the back of my head and found it wet. I had given myself a rather severe cut on the scalp, and it was bleeding badly. I remember the unusual feeling of my fingers as they touched the bruised spot wet with blood. It was the first time, so far as I can recall, that I had personally come in contact with blood. In real childhood fear, I jumped up, crying, and rushed to my grandmother. When I went to the barn next day those spots were brown, and it is that way and from that strong emotional experience of childhood that I look to an explanation for my distaste for brown.

"The words coming after No. 2 are merely a conscious effort on my part to put down in the sequence of the moment the associations as they came to mind after the flash of recognition which embodied a fairly clear visual picture of that childhood tragedy."

It is interesting to note that this little piece of work illustrates in an experimental way on the normal individual some of Freud's work. During the course of another investigation several such cases occurred, but in them the subjects were able after some effort to trace them back to

early emotional experiences. They all show an inhibiting effect on other mental material. The same happened in this instance. In a series of colors exhibited, those most intensely remembered were the browns to the exclusion of practically all else. A feeling of hatred accompanied this remembrance which spread itself over the whole experiment with colors. This is all the more remarkable as the subject is something of an artist, and colors as colors are not distasteful to him.

It seems altogether probable that the account given by the subject is correct and that the dislike dates from that vivid experience of childhood. The original experience had been completely and entirely forgotten, but the emotional effect remained to color future impressions. Unless the word emotion is given a broader meaning than at present we require a wider and more inclusive word to express the condition or state when such an experience is awakened without the original cause being present in memory. A word is needed to cover emotion, instinctive action, organic action, feeling. The best at present would seem to be psychophysical attitude. It would include practically all reactions of the organism, those which have a conscious content of their own (in the current use of the word consciousness) and those which have it indirectly, such as reflex actions and organic feelings, etc. It is true that the word consciousness should cover all these and then the term attitude can be used to differentiate a region within consciousness. This is coming, for one can now proceed with some success to analyze all reaction into a sum of reflexes, some of them accompanied by self-consciousness and some not. The point here is that these so-called vague attitudes, organic feelings and reactions play a larger part in the ordering of our mental life than we are aware. They are the background or foundation on which all the rest of the reactive edifice is built. They often decide what we shall remember and what we shall not remember; in fact, they are the main causes for suppressed complexes.

A FORGOTTEN DREAM

NOTE ON THE ŒDIPUS SAVING PHANTASY

ERNEST JONES, M.D., M.R.C.P. (LONDON)

Associate Professor of Psychiatry, University of Toronto

A MATTER established by experience in dream analysis is that all dreams of the same night are concerned with different aspects of the same theme. During the investigation of one dream it often happens that the memory of a second one, which has been forgotten through repression, is recovered as soon as the repressing resistance that caused it to be forgotten has been overcome through psycho-analysis of the first. The following dream analysis[1] is a striking example of this, and as it presents other features of general interest it would seem to be worth relating. It should be mentioned that the subject of the analysis, a university teacher of a branch of biology, is quite normal, and presents no neuropathic traits.

I

The subject dreamed that *he was in a dark cave full of water; it had two openings, side by side. Opposite to him was a puppy whining to come out. Coming behind the puppy were two cats. He set out to rescue the puppy, which during the procedure seemed to fuse into his personality. He was in great danger of drowning, but clung to some bushes which were at the side of the cave, and at last safely emerged. Standing outside was his father, who was quite unconcerned. He wondered that his father had not helped him, and supposed it was because he had not realized the extent of the danger. He impressed on his father the danger he had come through, and boastfully told him that he had saved himself without any help.*

The dream belongs to a class that can almost be called typical; any one practised in dream analysis can at once

[1]It will be understood that in the following account most of the steps of the actual analysis are not mentioned, it not being the purpose of the present article either to expound the technique of dream analysis or to defend its reliableness.

interpret it without any trouble. Emergence, after great difficulty, from a dark chamber containing water, is a very usual way for unconscious thoughts about the birth act to be expressed; the dark cave in the dream, with its two openings, represents the mother's body, or womb, enclosing the uterine waters. In mythology the situation is more often reversed by the hero being placed in an enclosing chamber and put *into*, or *on to*, water,[1] such as with Moses in the bulrushes, Noah in the ark, and so on; as a rule the more important the hero, especially when he is made the ancestor of all mankind, the more extensive is the flood of water. The subject of the present dream and his wife ardently desire a child, but their parental longings have to be content with a puppy dog, to which they are very much attached. On the "dream-day," i.e., the day immediately preceding the dream, this dog got accidentally shut up in a distant room, from which the subject, notified by the whining, released him, an incident which doubtless served as one of the instigators of the dream.

Behind this simple wish, however, which was, of course, in no way repressed — though it was invested with a painful feeling-tone because it could not be fulfilled — lay deeper and older thoughts. In the dream the subject identified himself with the dog; it was thus a question of his own birth. This explains the subsequent appearance of the two cats, an uncomplimentary reference to his younger sisters, who have a marked propensity to quarrelling.[2] Dreams and phantasies concerning one's own birth are very common, especially in childhood, and are generally connected with the desire to have children of one's own. The phantasies in question are of considerable importance in psychopathology, since they constitute the basis of such phobias as those of being buried alive, of being shut in an enclosed space (claustrophobia), and many others. The whole range of morbid anxiety phenomena, indeed, stand in an intimate relation to the actual birth event, which is the first anxiety

[1]See Otto Rank, Der Mythus von der Geburt des Helden. 1909. S. 69-72.

[2]This symbolism had an older source, less ungallant, in the fact that, like so many other children, the subject used to regard all dogs as male and all cats as female.

experience of the individual, and which serves as an archetype for all later manifestations (compression, suffocation, etc.).[1]

Appropriately enough for this interpretation is the fact that the enclosed cavity in the dream was in the earth. Mother Earth as a symbol for the mother is familiar to us in poetry, mythology, and folklore; in Watts's beautiful picture, "The All Pervading," for instance, it is used actually to symbolize the female generative organs. On the dream-day the subject had been reading some literature of the middle ages in which it described how the devil frequented remote and inaccessible caverns in the earth, and, as he was familiar with my theory that the idea of the devil is a projection of the child's thoughts concerning the father,[2] he had readily perceived the significance of the description.

The portrayal of the act of birth by a deed of saving life is a theme to which much attention has been paid of late by Freud[3] and others.[4] It originates in the gratitude felt by the boy to his mother on hearing that his life was a gift made by her at the risk of her own. The phantasy of saving her life, or some one's in her presence, represents the grateful desire to repay her by doing for her what she did for him, i.e., by making her a gift of a life. To give a woman a child signifies to make her a mother, and the phantasy just mentioned naturally becomes associated in the unconscious with incestuous thoughts; the full rendering of it, of course quite repressed, would therefore run "to show his affection and gratitude to the mother by begetting a child by her." The idea of gift is never very far in this connection; with a woman the thought of having a child by a certain man is often expressed in the words

[1]Freud. Die Traumdeutung. 1909. S. 199.

[2]Schriften zur angewandten Seelenkunde, Heft XV, Ch. 6.

[3]Freud. "Beiträge zur Psychologie des Liebeslebens." Psychoanalytisches Jahrbuch, 1910, Band II, S. 389.

[4]Otto Rank. "Belege zur Rettungsphantasie." Zentralbl. f. Psychoanalyse, Jahrg. 1, S. 331; and Die Lohengrinsage. 1911. Ch. VII. S. 87-131. Reik. "Zur Rettungssymbolik." Zentralblatt f. Psychoanal. Jahrg. I. S. 499. Stekel. "Einige Bemerkungen zur Rettungsphantasie und die Analyse eines Rettungstraumes." Zentralbl. f. Psychoanal. Jahrg. I. S. 591.

"to give me a child of his." The later elaborations of this phantasy of saving are very important for the psychology of many impulses and reactions in adult life, but for an account of them the reader must be referred to the writings of Freud and Rank.

The deeper layer of the dream thus represents an old childhood wish of the subject's to have a child by his mother, but there is more than this. One cannot fail to be struck by the plain hint of his relation to his father in the matter, which in the light of our interpretation becomes quite comprehensible. He had nurtured feelings of hostility to the father, unconscious since early childhood, which had originated partly in his jealousy at being disturbed by him in the exclusive possession of his mother's affection,[1] and partly in the stern rebuff with which his father had treated his desire for enlightenment on forbidden topics. In the dream these feelings obtain full revenge. Not only does he proudly demonstrate to the father his independence in these matters, and that he is master of the situation without any external help or advice, but he further dispenses with the father altogether in regard to the question of his own birth. He has begotten himself, is his own father, like the divinities and heroes of old.[2] He has satisfactorily solved the problem of birth in general, and of his own in particular, and the dream is a panegyric of his superiority to his father.

After completing the main part of the analysis[3] I pursued further one part of it in particular, namely the dog symbolism, and this on account of the frequency with which the same symbolism occurred in the subject's dreams. In the present dream he identifies himself with the dog while in the act of putting himself in his father's place;[4] the dog thus sym-

[1]See Freud, Die Traumdeutung, S. 180-187, and Ernest Jones, American Journal of Psychol., Jan., 1910, pp. 93-97.

[2]See Rank, Der Mythus, Op. cit.

[3]At this point attention may be called to the striking resemblance between the dream-phantasy just detailed and the story of Œdipus, who saved his mother (—town) by solving the riddle of the Sphinx (psychologically the same riddle as that solved by our subject in his dream), married his mother, displaced his father, and reigned in his stead.

[4]Cf. the expression, "He became top dog."

bolizes in turn the subject's child, himself, and his father. From earlier analysis we knew that in his unconscious the idea of dogs was closely associated with that of sexuality,[1] and that in his dreams a dog frequently symbolized either his father or mother. On the dream-day he had been reading a book on totemism and animal-ancestry, and it was evident that the same association between animals and ancestors existed in his unconscious as exists in the savage mind. The question arose as to how this association had originally got formed in his mind. There is no need to go into the details of the matter here, which was largely concerned with infantile sadistic conceptions, but the first point to come out has a direct bearing on the present theme. The only dog the subject had had much to do with in early years was one he had been given at the age of eight by a man he was very fond of, and to which he became extraordinarily attached. When he was unhappy he would take it for a long walk and spend the whole day as far as possible from home. The dog was a female one, but was invariably referred to at home as "he," and could thus be used to symbolize a person of either sex; her name was "Fanny." The only women he had known of this name in his youth was a Miss Fanny W., a lady some ten years younger than his mother. He had been very fond of her and her mother, who were especially kind to him. Whenever he visited them Miss W. used to enquire with peculiar friendliness after his mother, whom she had been intimate with in earlier years, but with whom, for irrelevant reasons, she was no longer on visiting terms; the idea of Miss W. was thus closely connected with that of his mother.[2] At this point the subject suddenly recalled an earlier dream of the same night, which he had thought of on waking, but which he had then quite forgotten until this moment; we have next to turn our attention to this dream.

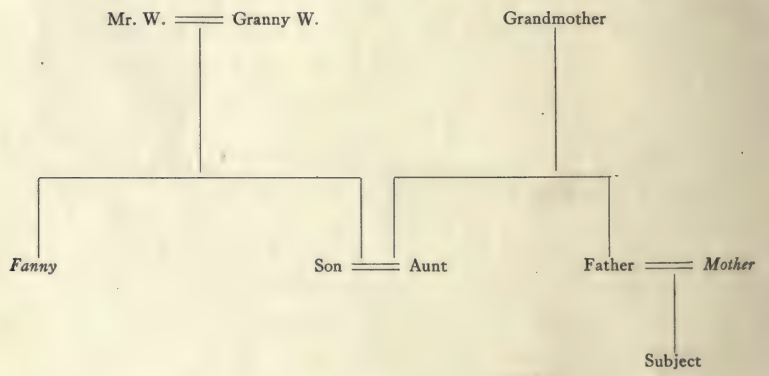
[1]This is of course quite common, as is indicated by the mere expression "animal passion"= sexual desire.

[2]This was the first step of an analysis which showed that in the subject's unconscious his mother and the dog Fanny had long been identified. In the dream, therefore, the subject saves his mother as well as himself.

II

He was in his father's office with Mr. W., who was expounding to him his genealogy and early life. Mr. W., the father of Miss Fanny W., was an old man, who had been a colleague of his father's and had worked in the same office. The subject had never seen much of him — he had died when the latter was ten years old,— and he had not to his knowledge thought of him for many years. The coincidence of his appearing in this particular dream is therefore certainly striking.

On the dream-day the subject had been thinking about a projected visit to his family home, where he had not been for several years, and had expressed the hope that his aged grandmother would be still alive — for the egocentric reason that he could then ask her about a number of matters concerning his infancy in which since psycho-analysis he had become interested; his mother had lately died, and he did not care to talk to his father about them. Now his grandmother's daughter (his aunt on the father's side) had married Mr. W.'s son, now dead, a relationship more clearly shown in the accompanying table. Mr. W. and the grand-



mother could thus be brought into near connection, they being the parents of the same couple, a connection furthered by the circumstance that Mr. W.'s wife was always addressed by the subject as Granny W. In the dream Mr. W. replaces the grandmother in giving the subject the desired informa-

tion about his origin and upbringing. Two wishes lie behind this apparently senseless replacement: first the old desire that the father would respond to his request for enlightenment about the problem of his birth, and secondly, the old revengeful desire that the father might resemble Mr. W. and his son (of the same generation as the father) in the respect of having departed from this life.

More than this: On the dream-day the subject had wished to question his grandmother because his mother was no longer accessible. She therefore replaced the latter in his mind, and as she was replaced in the dream by Mr. W. we reach the conclusion that the figure of the latter stood not only for the father, but also for the mother; this reminds us of the original connection between the two via Fanny. The dream is thus seen to be built on the basis of childhood sexual curiosity, and the desire that the parents would gratify this.

Though the basis of the dream is, as has just been explained, a childhood one, more current wishes also come to expression in it. On paying closer attention to the details it was noticed that the main figure really constituted what is known as a "collective person" (Sammelperson),[1] being composed of three persons condensed into one. Although it seemed in the dream definitely to represent Mr. W., and the place was the only one where the subject had ever seen him, the face resembled a Mr. A. rather than Mr. W.; the two men were in fact very much alike in appearance. Mr. A. was an elderly man in whose office the subject had worked some years ago, and who still owed him a considerable sum of money in consequence. Owing to financial difficulties he had not been able to pay this off, but had promised to pay a quarter of it on a date some eight months before that of the dream. He had not fulfilled the promise, and this had rather embarrassed the subject, particularly as he had just then to meet heavy expense in connection with a projected removal from one country to another. Two days before the dream, a week before the subject was to leave, the long-awaited cheque arrived, but he found to

[1]See Ernest Jones, Amer. Jour. of Psychol., April, 1910, p. 287.

his chagrin that it was post-dated and payable only a month later. On the dream-day he wrote a somewhat stiff letter in acknowledgment, explaining his situation, and remarking that as he had closed his own bank account he would have to send the cheque to his father (in the country he was going to), and "trust to his honesty to get the money back." While in the middle of writing the letter he noticed that the cheque was made out for twice the amount he expected, a discovery that led him to mollify his remarks and gratefully to thank Mr. A. for having done all that he could under the circumstances; we see here again the same alternation of friendliness and hostility that characterizes the whole of his attitude towards the father and his substitutes.

The curious remark in regard to his father's honesty was greatly "overdetermined." It pointed in the first place to an unconscious identification of the father with the elderly Mr. A., the annoyance with the latter having evoked a manifestation of the old hostility towards the former. The remark was not only unwarranted in fact, but was quite pointless, for the father was a scrupulously honest man. According to the subject the only unfair thing he had ever done in regard to money was to make a will recently in which he disinherited his son and left all his property to his two daughters. There were, it is true, special reasons for his doing so, and the subject had not only acquiesced in it, but had even advised it; nevertheless it was plain that he had not entirely forgiven his father for being so ready to overlook him. This reproach he had unconsciously linked to the old one about being kept in the dark as a child and *dishonestly* lied to on matters of great significance to him. The way in which this apparently strained association was forged cannot here be related, as it would necessitate too long a discussion; the cloacal connection will be evident to those familiar with psycho-analysis.

Unlike both Mr. W. and Mr. A., the figure in the dream was quite bald and there was a wart by the side of the nose. These characteristics, and the upper half of the head in general, at once reminded the subject of Charles Darwin. The singular appropriateness will be admitted of the problem of personal origin being expounded by the author of

"The Descent of Man" and "The Origin of Species." As a student of biology the subject had greatly revered Darwin, who had, so to speak, answered the question he had propounded in vain to his own father; it was evident that unconsciously he had identified the two men, Darwin being to him what he had wished his father to be — an expounder of the problem of origin. Strangely enough, Darwin had on the dream-day been the topic of conversation between the subject and his wife. Being concerned at his over-working she had urged him to give up some of his routine teaching work so that he might devote himself more peacefully to his favorite pursuit of scientific research, and had considerately volunteered to do with less money. The talk drifted on to the endowment of research, and the subject remarked on what a fortunate thing it was for mankind that Darwin had inherited enough money from his father to enable him to pursue his investigations undeterred by material considerations. He here was evidently identifying himself in his unconscious — that realm of unlimited egoism[1] — with Darwin, i.e. once more with his father, and was at the same time mutely reproaching his father for not having bestowed him with more worldly goods. His father had spent vainly many years in the service of other people, and had quixotically refused to seize opportunities for his own advancement. In the sentence written to Mr. A., referring to his father, the subject had unwittingly expressed the wish that his father had in fact been a little less pedantically honest, so that he might have been able to bestow him with more money.

The three persons figuring in the dream are thus all substitutes for the father. Each one is connected both with the subject's "money-complex," i.e. his complaint that he was worried about money matters, and also with the deeper reproach against his father regarding the question of sexual curiosity. Both these complexes are evident in the case of the Darwin component of the figure, as is the former with Mr. A. and the latter with Mr. W. The series

[1]"Im Unbewusste glaubt Jeder an die Allmacht seiner Gedanken, an die Unwiderstehlichkeit seiner Reizen, und an die Unsterblichkeit seiner Seele."

may be completed by mentioning the following two facts. A prominent memory the subject had of Mr. A. was a morbid interest taken by the latter in the sexual thoughts and curiosity of children. As to the relation of the money complex to Mr. W., it is enough to say that he was closely connected with the subject's father in the financial aspects of the business they were both concerned with. Both complexes were thus associated with each of the three constituent persons of the dream figure.

III

The analysis just given of the two dreams, or two halves of a dream, confirm to the full Freud's theory of dreams, which has been most precisely formulated by Rank[1] in the following terms: *Der Traum stellt regelmässig auf der Grundlage und mit Hilfe verdrängten, infantil-sexuellen Materials aktuelle in der Regel auch erotische Wünsche in verhullter und symbolisch eingekleideter Form als erfüllt dar.*

We see that the dream as told, the "manifest content," is quite senseless and even absurd, but that the hidden meaning, or "latent content," revealed by analysis, is thoroughly intelligent and full of meaning. Further, that although the manifest content may seem to deal with situations that, so far as the psyche is concerned, are harmless or unimportant, the underlying thoughts are highly significant and are related to the most intimate part of the subject's personality. Behind the manifold processes in the dream structure — which by a superficial study might be mistaken for the true latent content — stands the primordial basis of all our mental activities, the Wish. The current wishes of the actual moment, the ones that aroused the memories which threatened to disturb the subject's sleep, were two, one erotic, the other non-erotic, namely the desire to have a child and the desire to be free from monetary cares; these two desires, however, were not really so independent as they appear. The current wishes

[1]Otto Rank. "Ein Traum, der sich selbst deutet." Psychoanalytisches Jahrbuch, 1910, Band II, S. 519. Those who wish to read a really full dream analysis are referred to this excellent paper.

aroused deeper and older repressed thoughts with which they were connected, and on the basis of which the dream was constructed. These deeper thoughts were, as always, of *infantile* amd *sexual* origin. In the present case they concerned the most intimate relations of the subject to his parents: hostility, and to a less extent friendliness, towards his father, love and tenderness towards his mother. The natural desire to have a child awoke the old desire to repay his mother's sacrifice for him by presenting her with another child — of their very own; in this he plays the double part of both the child loved by the mother and the father who presents him to her.

We see further the exemplification of the initial thesis from which we started, namely that different dreams of the same night are concerned with different aspects of the same theme. They often, as here, present different solutions of the same problem. In the earlier dream, the second here related, the father meets his childhood curiosity in a sympathetic and helpful manner; in the later dream he solves the problem without his father's help, and defyingly replaces his father in respect to the loved mother. In the former his homosexual component is gratified, in the latter his heterosexual. In the former he finds a man's solution, adopting a masculine attitude, in the latter he finds a woman's, adopting a feminine attitude. We have here, therefore, an illustration of the bisexual nature of the normal man. With the present subject, as with most men, the homosexual components of his instinct were more deeply repressed than the heterosexual, and it is thus entirely comprehensible that the dream expressing the former components was the one that proved the more susceptible of being forgotten; the question as to which of two dreams will be first forgotten may seem to be merely a matter of chance, but we see that the laws of psychical determinism hold here just as rigorously as elsewhere. Anyone trained in psycho-analysis will further perceive a good reason why, of two dreams relating to the begetting of children, it was in the feminine one that a money-complex came to expression. Still another refinement may be added of the analysis of the feminine dream. The subject had often as a child

had the desire that the family doctor would present him with a baby of his own, and had elaborated phantasies in which he imagined himself the wife of this doctor, whom he greatly admired. The doctor had not only brought him and his sisters into the world, but had *saved his life* on two subsequent occasions when he was desperately ill; it was he who had presented him with the beloved dog Fanny, the dog so closely associated in his mind with the family of Mr. W. Mr. A also was nearly associated with doctors, being the head of an agency for the sale of medical practices. As to Darwin, he was both a doctor himself and the son of a doctor. The three components of the figure that plays the masculine part in the dream, therefore, all portray features not only of the father, as described above, but also of the family doctor who in the child's eyes seemed the "bringer of children" *par excellence.*

Many of the individual features of Freud's dream theory are also illustrated in the analysis, the almost grotesque egocentricity of the dream thoughts, the mechanisms of condensation, displacement, and regressive dramatisation, and the importance as dream-instigators of incidents of the previous day. In the present case these were unusually numerous; we have noted the puppy dog shut up in the room, the reading about the devil inhabiting caverns, the book on ancestor-worship, the thought of the projected visit home, the letter to Mr. A., the talk with the wife on money matters, and the reference to Darwin. Several of these cannot be described as being in any way psychically significant, but they had become associated to underlying complexes and thus proved suitable material to be used in the manifesting of these complexes.

In conclusion I would express the hope that the reciprocal publication of actual material will do more to bring about a mutual understanding of different points of view than any amount of discussion, however open-minded.

POETRY AND DREAMS

BY F. C. PRESCOTT

Cornell University

POETRY is proverbially difficult to define and explain. The reason for this difficulty seems to lie partly in the subject itself and partly in our attitude toward it. The subject is indeed deep and complex. The production of poetry is still, as it has always been, a mysterious process, even to the poets themselves; while even the most devoted and enlightened readers of poetry still find mystery in its action and effect. Poetry, as Shelley believed, "acts in a divine and unapprehended manner, beyond and above consciousness."[1] Many poets — for example Shelley and Wordsworth — in defining poetry resort to poetical figures; others, like our poet of democracy, avoid definition scrupulously. "Let me not dare," says Walt Whitman, "to attempt a definition of poetry, nor answer the question what it is. Like religion, love, nature, while these terms are indispensable, and we all give sufficiently accurate meaning to them, in my opinion no definition that has ever been made sufficiently encloses the name poetry."[2] Perhaps, however, mystery in the subject engenders superstition, and leads us to regard poetry with supine reverence and wonder. We should indeed worship our great poets, as the men of old did their bards and prophets; but not abjectly, as savages do their medicine men. We speak of the "divine" Shakespeare, perhaps knowing too little of this poet's life to recognize how much he shared our common humanity. We call poetry divine, which is another way of saying that it is still inexplicable to us. All things are of God; and in the subject of poetry, as in others, our increasing knowledge should lead us to clearer understanding. We need make no apology, then, for attempting to approach this mystery.

There is some resemblance and unexplained relation between poetry and dreams. The poet and the dreamer are somehow alike in their faculty of vision. This relation is

[1] Defense of Poetry, ed. Cook, p. 11.

[2] A Backward Glance o'er Travel'd Roads.

indicated by the uses of language, which, spontaneously expressing the sense of mankind, often reveal psychological truth not otherwise readily discovered. The poets have traditionally been dreamers, from the "dreamer Merlin" to the latest youth who "dreams" and rhymes. The poet writes of "dreams which wave before the half-shut eye."[1] The word *dream* is thus constantly used by critics in describing the poet's work. "The true poet," says Charles Lamb, "dreams being awake."[2] Poetry is defined by Sully Prudhomme as "le rêve par lequel l'homme aspire à une vie supérieure."[3] The poets themselves in different times and different countries testify to the same effect, seeing not merely a metaphorical resemblance but an essential relation between dreams and poetry. Hans Sachs, an inspired poet, thus speaks of the poet's inspiration:[4]

"Mein Freund, das g'rad ist Dichter's Werk
Dass er sein Träumen deut' und merk',
Glaub mir, des Menschen wahrstes Wahn
Wird ihm im Traume aufgetan:
All' Dichtkunst und Poeterei
Ist nichts als Wahrtraum-Deuterei."

"The happy moment for the poet," says Bettinelli, "may be called a dream —dreamed in the presence of the intellect, which stands by and gazes with open eyes at the performance."[5] "Genius," according to Jean Paul Richter, "is, in more senses than one, a sleepwalker, and in its bright dream can accomplish what one awake could never do. It mounts every height of reality in the dark; but bring it out of its world of dreams and it stumbles."[5] Goethe, using the same word, speaks of writing Werther "unconsciously, like a sleepwalker," and of his songs he says: "It had happened to me so often that I would repeat a song to myself and then be unable to recollect it, that sometimes I would run to my desk and, without stirring from my place, write out the poem from beginning to end, in a sloping

[1] Thomson, Castle of Indolence, i, 6.

[2] Essays of Elia, "The Sanity of True Genius."

[3] For development of this admirable definition see Revue des Deux Mondes, Oct. 1, 1897, "Qu'est que la Poesie?"

[4] Die Meistersinger. Quoted by W. Stekel, Dichtung und Neurose, p. 2.

[5] W. Hirsch, Genius and Degeneration, p. 32.

hand. For the same reason I always preferred to write with a pencil, on account of its marking so readily. On several occasions indeed the scratching and spluttering of my pen awoke me from my somnambulistic poetizing."[1] Hebbel, after recording in his Journal, having actually dreamed an exceedingly beautiful but terrible dream, says: "My belief that dream and poetry are identical, is more and more confirmed."[2] Lamb, who was in spirit even more than in accomplishment a poet, believed that "the degree of the soul's creativeness in sleep might furnish no whimsical criterion of the quantum of poetical faculty resident in the same soul waking."[3] Such expressions suggest that dreaming and poetizing, if not identical as Hebbel believed, are more than superficially related. If we wish to understand poetry, a clue like this, given us by the poets themselves, is worth following.

Unfortunately, however, dreams are as little known to us in their true nature as poetry itself. Though they are as old as history — probably as old as mankind —they are still obscure in their cause and significance and their relation to the ordinary mental processes. The people, in all countries and from the earliest times, have clung to the belief that they are significant, particularly as foretelling the future. Their interpretation, however, has always been vague and uncertain. The theories of modern psychologists do not ordinarily go far or deep enough to be convincing or even interesting. Altogether the world of dreams has remained a mystery to us — a world in which we live a fantastic secondary mental life curiously unrelated to that of waking, from which we return puzzled by our fleeting memories.

A recent book of Professor Sigmund Freud promises to

[1] *Ibid*, p. 33.

[2] Quoted by Stekel, p. 2.

[3] Essays, "Witches and Other Night Fears." In Lamb's original manuscript (in the Dyce-Forster Collection at South Kensington) the final paragraph of the essay reads as follows: "When I awoke I came to a determination to write prose all the rest of my life; and with submission to some of our young writers, who are yet diffident of their powers, and balancing between verse and prose, they might not do unwisely to decide the preference by the texture of their natural dreams. If these are prosaic, they may depend upon it they have not much to expect in a creative way from their artificial ones. What dreams must not Spenser have had!"

give us a better understanding of this subject of dreams.[1] According to Dr. Freud our dreams are an integral part of our mental life, with definite origin and cause; they can be definitely interpreted and brought into relation with our waking thoughts and feelings; they are in certain respects similar to other mental activities with which we are familiar; and they have a definite biological function which is important to our mental and physical well-being. This view of dreams forms part of an extensive and original psychological theory, developed by Dr. Freud, which is perhaps too new to be generally accepted — which, however, undoubtedly suggests new views, not merely in the direction in which it was first mainly intended to be applied, but in many others — notably in literature. When I had occasion recently to become acquainted with this theory of dreams I was at once struck by the fact that many portions of it were equally applicable to poetry, so much so, indeed, that it occurred to me that Dr. Freud might have first developed his theory from poetry and then transferred it to dreams. I have since learned that this was not the case, that in fact he first approached the subject from a very different direction. The relation to poetry, however, is striking.

I wish, then, in the first place to apply some portions of this theory to literary problems, in particular to transfer some of the conclusions in regard to dreams to the apparently related field of poetry, and to examine the evidence bearing on these conclusions which is supplied by literature. For the latter purpose I shall have to proceed mainly by quotation, even at the risk of trying the reader's patience. In fact, I do not wish to advance a new theory of poetry, or, for the most part, to express my own opinions; but rather to bring together and into relation some truths which have long since been expressed in poetry but have never been succinctly stated in prose.

Writing merely as a student of literature I shall have to assume the soundness of Dr. Freud's theory, though this may be still in debate among psychologists. Incidentally,

[1] Die Traumdeutung, second edition, 1909. For summaries of Dr. Freud's theory of dreams, see American Journal of Psychology, Vol. XXI, pp. 283, 309.

however, I may be able to find some evidence bearing upon it in literature. New theories of this kind, if at all important, are seldom new in the sense that they have not been surmised and foreshadowed by poets and other imaginative writers. This is a part of the function of poets as prophets— to see truth imaginatively before it is grasped intellectually. It is one of the tests of new doctrines to ask if they thus find confirmation in literature.

Let us return to the parallel between poetry and dreams. Let us take into consideration also, for further comparison, besides dreams and poetry, two other mental activities which seem on similar evidence to be related — waking dreams or "day dreams," and hysterical or neurotic hallucinations and illusions. That nocturnal dreams and day dreams have some relation is suggested by their common designation, while day dreams frequently pass into hallucinations. The word *dream* is supposed to be etymologically connected with the German *trügen*, to deceive, its fundamental idea being *illusion*. There is also apparent resemblance between the illusions of hysteria and the visions of poetic or prophetic rapture. The question is, What may these several kinds of mental activity have in common?

I

In a dream the scenes which we remember, with their grotesque figures and actions, and their curious emotional coloring, are called by Dr. Freud its "manifest content." The manifest content is usually strange to us and cannot be intelligibly connected with our waking experience. Behind these appearances, however, is the "latent content" — the underlying thought of the dream — the impulses and ideas contributing to form it, of which underlying thought the remembered dream is a distorted, fictitious, or, one might almost say, dramatic representation. The dream is a group or series of significant symbols. Its interpretation is like that of a dumb-show or a charade; it is a matter of finding the meaning which lurks behind, actuates, and explains these strange appearances. And this meaning when found — the underlying thought — is no longer unintelligible; it fits

clearly into the dreamer's mental life, indeed it regularly concerns what to him is most personal and vital. These two things, the manifest and the latent contents, it is important that the reader should keep distinct and clearly in mind. The interpretation of dreams, of their manifest content, is a difficult matter, involving a knowledge of the so-called "dream-work,"— that is, of the strange processes by which the underlying thought is elaborated into the manifest content by the mind during sleep.

The relation thus indicated between the apparent and the underlying thought of dreams will perhaps seem less novel to those accustomed to analyze and interpret works of literature and the other arts. Behind every work of creative imagination — poem, painting, or piece of architecture — is the latent idea or motive impulse which inspires and explains it. The Prisoner of Chillon, for example, was the work of a man who passionately desired personal liberty and so devoted himself to the liberty of mankind. The Gothic cathedrals were inspired by the religious devotion and aspiration which dominated the middle ages. They were built, says Emerson, "when the builder and the priest and the people were overpowered by their faith. Love and fear laid every stone." Behind Marmion and Ivanhoe lay a love, contracted in childhood, for the medieval past,— which Scott spent his life in trying to realize and reconstruct. Scott's poems and novels were inventions — so to speak, dreams — having their key in Scott's ruling impulse, which expressed itself thus through the working of his imagination. In some similar way our ruling impulses are clothed in fictional forms by a play of the imagination in sleep.

Every dream, according to Dr. Freud — and this is one of the most important conclusions of the dream theory — has the same latent purport — to represent the imaginary fulfilment of some ungratified wish.[1] The underlying thought may always be expressed by a sentence beginning *Would that* —. In the dream proper this optative is dropped for the present indicative, or rather for a scene in which the wish is visibly represented as fulfilled. In dreams of children the wish is embodied openly; in those of adults it is commonly disguised

[1] Die Traumdeutung, III, VII (c).

and distorted in the representation. Thus, in the world of dreams, we obtain those things which are denied in the world of reality. We get money, place, children, friends, success in love, riddance of our enemies,— according to our desires. This fact is recognized by language in which *dream* is used for *wish;* to realize one's wildest dream is to obtain one's fondest wish. It is often recognized also in literature. "It shall even be as when a hungry man dreameth," says Isaiah, "and, behold, he eateth; but he awaketh and his soul is empty; or as when a thirsty man dreameth, and, behold, he drinketh; but he awaketh and, behold, he is faint, and his soul hath appetite."[1]

Our dreams do not always fulfil our wishes in the obvious way suggested by this passage. Sometimes these wishes are hidden even from ourselves. We do not recognize them as our true wishes; much less do we recognize that they receive a fanciful fulfilment in our dreams. But at bottom every dream is inspired by and gratifies some desire of the soul.

Dr. Freud's theory of wish-fulfilment in dreams was probably not suggested to him by Nietzsche. It is, however, in remarkable agreement with the theory advanced in the Morgenröthe.[2] Nietzsche makes the supposition "that our dreams, to a certain extent, are able and intended to compensate for the accidental non-appearance of sustenance," or satisfaction for our cravings, "during the day." "Why was yesterday's dream full of tenderness and tears,

[1] Chap. XXIX, v. 8. So in Romeo and Juliet, each dreamer dreams according to his waking desire:

> "And in this state she [Queen Mab] gallops night by night
> Through lovers' brains and then they dream on love;
> O'er courtiers' knees, that dream on court'sies straight,
> O'er lawyers' fingers, who straight dream on fees,
> O'er ladies' lips, who straight on kisses dream.
>
> . . . . . .
>
> Sometimes she gallops o'er a courtier's nose,
> And then dreams he of smelling out a suit;
> And sometime comes she with a tithe-pig's tail
> Tickling a parson's nose as a' lies asleep,
> Then dreams he of another benefice." (Act I, Sc. 4.)

[2] See the translation, The Dawn of Day, 1903, p. 118. The whole section, "Experience and Fiction" is most interesting.

while that of the preceding day was facetious and wanton, and of a previous one adventurous and engaged in a continued gloomy search? Why do I, on one, enjoy indescribable raptures of music; on another, soar and fly up with the fierce delight of an eagle to most distant summits? These *fictions*, which give scope and utterance to our cravings for tenderness or merriment, or adventurousness, or to our longing after music or mountains,— and everybody will have striking instances at hand — are interpretations of our nervous irritations during sleep. . . . The fact that this text [of our nervous irritations] which, on the whole, remains very much the same for one night as for another, is so differently commented upon, that reason in its *poetic* efforts, on two successive days, imagines such different causes for the same nervous irritations, may be explained by the prompter of this reason being to-day another than yesterday,— another craving requiring to be gratified, exemplified, practised, refreshed, and uttered,— this very one, indeed, being at its flood-tide, while yesterday another had its turn? Real life has not this freedom of utterance which dream-life has; it is less *poetic*, less licentious." Our cravings thus, in sleep, prompt a fictional and poetic gratification or utterance; Nietzsche's expression is very suggestive.

Sometimes our dreams come true. Our wishes are seldom preposterous — inconceivably attainable. "In the attempt to realize our dreams," as Mr. Havelock Ellis says, "lies a large part of our business in life."[1] Where there is a will there is a way. In waking reality we work toward and sometimes succeed in getting that for which we have longed, and of which we have dreamed. Thus the old belief that dreams are prophetic is justified. For the belief is indeed old and widespread, prevailing among all nations, civilized and uncivilized, and leaving traces in all literatures.[2] "I will pour out my spirit upon all flesh," says the Lord to Joel, "and your sons and your daughters shall prophesy, your old men shall dream dreams, and your young men shall see visions." We may say of prophecy in dreams, as Dr. Johnson said of apparitions: "All argument is against it,

[1] The World of Dreams, "Aviation in Dreams."

[2] See E. B. Tylor, Primitive Culture, index.

but all belief is for it." We shall see presently that this belief is true in a profound sense.[1]

It will be difficult, however, for various reasons, to give examples which will make what has just been said — of wish fulfilment and prophecy in dreams —clear and convincing to the reader. Actual dreams might easily be recounted, and to these might be added the wishes which they have been found on analysis really to represent. This, however, would be unsatisfactory unless the analysis were also given, which is impracticable. The interpretation of dreams is difficult, involving knowledge of a complicated technique. It does not proceed by a uniform, stereotyped substitution of meanings for the dream symbols as in the old quackery of the "dream books." Though the general principles of interpretation are definitely ascertained, their application in practice varies constantly with the experiences, thoughts, and associations of each individual. Thus any convincing interpretation of examples would take the reader deep into the personal history of the dreamer and would involve endless narrative and explanation.[2] It seems better for our purpose to take an example from the analogous field of waking dreams or "day dreams." When we are alone and our attention is abstracted, when we sit with wide-open eyes before the fire or gaze through the window without seeing, when the pressure of the outside world is thus relaxed, then we "dream being awake." Our imaginations are freed and portray to the mind's eye an ideal world in which our hopes, otherwise vain, are realized. Then we build castles in Spain, or elsewhere, as we wish. If the conditions are favorable, if the imagination is active, and if the mind is moved by strong emotion, these waking visions sometimes become extraordinarily vivid, amounting to hallucinations.

The following example, then, will illustrate wish-fulfil-

[1] See Freud, Sammlung kleiner Schriften zur Neurosenlehre, zweite Folge, p. 59, on "resolution dreams"; also for dreams actually prophetic, A. A. Brill, New York Medical Journal, April 23, 1910. Dr. Brill first clearly explained the mantic character of dreams.

[2] Plenty of examples will be found in the Traumdeutung and in the summaries in the American Journal of Psychology, already referred to.

ment and prophecy in dreams. Goethe tells how, as he was once riding to Gesenheim after visiting Fredericka he saw his counterpart riding toward him. "I saw myself coming," he says, "along the same path on horseback toward me, dressed, as I had never been, in pike-gray and gold. I shook myself out of the dream, and the figure was gone. But it is singular that eight years later, not at all by choice, but only by chance, I found myself riding over the same path in the very direction my visionary self took, and clad in just these clothes, being again on my way to Fredericka. Whatever the explanation of these things may be, the wonderful phantom gave me at that moment of separation some alleviation." [1]

It is noteworthy that Goethe himself speaks of this apparition as a dream. The illusion was apparently stronger than in the ordinary daydream, perhaps because Goethe's imagination was more profound, perhaps because the inciting emotion was more violent. The dream, however, is easy of interpretation. In this, as doubtless in all hallucinations, the wish is father to the thought. This visionary self, going in the opposite direction, obviously embodies a desire to return to Fredericka. And this desire is actually fulfilled, when eight years later Goethe follows the impulse which inspired his dream and returns to Fredericka, though apparently the impulse did not remain a conscious one with Goethe, for he returned by chance and not by choice. The dream thus becomes prophetic. Even the suit of pike-gray and gold is realized, though this also will seem not at all remarkable after a moment's consideration. Thus dreams always represent wishes, and thus dreams sometimes come true. In his pathetic essay, "Dream Children," Lamb recounts a dream in which one of the deepest wishes of his heart secures imaginary gratification; but on awaking he finds himself "quietly seated in his bachelor armchair," and his wish is never in actuality realized. The same wish inspires similar visions in a recent tale, "They," by Mr. Kipling.

Poets have often, if not always, been great dreamers, not only metaphorically, but actually, and both by night

[1] Quoted by Hirsch, Genius, p. 93.

and by day. Goethe had other strange visions. Lamb, for example in his "Chapter on Ears," recounts in his quaintly humorous way quite terrible dream experiences. Chatterton and Blake had remarkable dreams and visions, which were closely connected with their poetry. De Quincey found in dreams material for his "impassioned prose." Coleridge in sleep composed the beautiful fragment which he entitled "Kubla Khan." The "Ancient Mariner" is either a dream or like one; as Lowell notes, "it is marvelous in its mastery over that delightfully fortuitous inconsequence which is the adamantine logic of dreamland."[1] Poe has an interesting passage on the "psychal fancies" arising in the soul "at those mere points of time where the confines of the waking world blend with those of the world of dreams";[2] and "Ligeia" and "Ulalume" give some idea of the strange world "out of space, out of time," through which his spirit passed.

Bunyan, who is the type in literature of native inspiration without culture, and who thus perhaps illustrates with special clearness the working of poetic imagination pure and untrammeled, constantly beheld visions under the stress of his religious emotion. As a child, he tells us, he committed terrible sins. These "did so offend the Lord, that even in my childhood he did scare and affright me with fearful dreams, and did terrify me with dreadful visions."[3] External objects and events passed by him unnoticed; while "he looked upon that which was passing through his own mind and heart as though it were something external."[3] Watching his brazier's fire, journeying alone through country roads, working mechanically in Bedford jail, he saw images and heard voices which were as clear and vivid to him as those of objective reality. Like Dunstan and Luther, he was tempted by the Devil in person, and yielded; he repented, and saw Christ himself looking down at him through the tiles of the house-roof, saying, "My grace is sufficient for thee." These appearances, says Taine, were "the products of an involuntary and impassioned imagination,

[1] Literary and Political Addresses, "Coleridge."

[2] "Marginalia," Works, Virginia edition, Vol. XVI, p. 88.

[3] Grace Abounding, ed. Brown, pp. 9, xxiii.

which by its hallucinations, its mastery, its fixed ideas, its mad ideas, prepares the way for the poet, and announces an inspired man."[1] So Bunyan was, as his principal biographer styles him, essentially "The Dreamer."[2] His books are little more than a record of his dreams. "As I walked through the wilderness of this world, I lighted on a certain place where was a Den, and I laid me down in that place to sleep: and, as I slept, I dreamed a dream." Thus begins The Pilgrim's Progress, as the title says, "in the similitude of a dream."

Shelley, the type of inspired poets, exhibited the same psychological character. "At no period of his life," says J. A. Symonds, "was he wholly free from visions which had the reality of facts. Sometimes they occurred in sleep, and were prolonged with painful vividness into his waking moments. Sometimes they seemed to grow out of his intense meditation, or to present themselves before his eyes as the projection of a powerful inner impression. All his sensations were abnormally acute, and his ever-active imagination confused the border lands of the actual and the visionary."[3] The account, given by Hogg, of his "slumbers resembling a profound lethargy," tells us that "he lay occasionally upon the sofa, but more commonly stretched out before a large fire, like a cat; and his little round head was exposed to such a fierce heat, that I used to wonder how he was able to bear it. . . . His torpor was generally profound, but he would sometimes discourse incoherently for a long time in his sleep." Then "he would suddenly start up, and, rubbing his eyes with great violence, and passing his fingers swiftly through his long hair, would enter at once into a vehement argument, or begin to recite verses, either of his own composition or from the work of others, with a rapidity and an energy that were often quite painful."[4] Curiously this bodily heat was with Shelley conducive to dreams and poetry. The "Cenci" was written in the warm sun on his

[1] English Literature, Book II, Chap. 5, Sec. 6.

[2] See, for example, the vision described in Grace Abounding, paragraph 53, with Bunyan's interpretation.

[3] Shelley, p. 91.

[4] Shelley, p. 30.

roof at Leghorn.[1] "When my brain gets heated with a thought," he said, "it soon boils."[2] In such a mood he wrote "The Triumph of Life." "The intense stirring of his imagination implied by this supreme poetic effort, the solitude of the Villa Magni, and the elemental fervor of Italian heat to which he recklessly exposed himself, contributed to make Shelley more than usually nervous. His somnambulism returned, and he saw visions. On one occasion he thought that the dead Allegra rose from the sea, and clapped her hands, and laughed and beckoned to him. On another he roused the whole house at night by his screams, and remained terror-frozen in the trance produced by an appalling vision."[3] A study of Shelley's life shows that there is the closest connection between this power of vision and his poetical faculty. Perhaps Shelley's case was one of those which led Lamb to believe that the soul's creativeness in sleep furnishes a measure of the poetical faculty.

Stevenson has a "Chapter on Dreams," describing his own experience, which is so instructive that if space permitted it should be quoted here entire.[4] "He was from a child," he tells us, "an ardent and uncomfortable dreamer"; as a child he had terrible dream-haunted nights. While a student in Edinburgh he began "to dream in sequence, and thus to lead a double life — one of the day, one of the night" — which soon sent him "trembling for his reason" to the doctor. He "had long been in the custom of setting himself to sleep with tales, and so had his father before him." It is not strange, then, that he "began to read in his dreams— tales, for the most part, and for the most part after the manner of G. P. R. James, but so incredibly more vivid and moving than any printed books, that he has ever since been malcontent with literature." "But presently," he continues, "my dreamer began to turn his former amusement of story telling to (what is called) account; by which I mean that he began to write and sell his tales. Here was he, and here were the little people who did that part

[1] E. Dowden, Life of Shelley, p. 429.
[2] Symonds, Shelley, p. 166; see quotation, p. 40, below.
[3] *Ibid.*, p. 177.
[4] Works, Thistle Edition, Vol. XV, p. 250.

of his business, in quite new conditions. The stories must now be trimmed and pared and set upon all fours, they must run from a beginning to an end and fit (after a manner) with the laws of life; the pleasure in a word had become a business; and that not only for the dreamer but for the little people of his theatre. These understood the change as well as he. When he lay down to prepare himself for sleep, he no longer sought amusement, but printable and profitable tales; and after he had dozed off in his box-seat, his little people continued their evolutions with the same mercantile designs." Thus the scenes of some of Stevenson's tales, for instance of "Dr. Jekyll and Mr. Hyde," were first enacted in this dream theatre; and these tales were, as he represents them, a collaboration between himself and what he calls his "little people"— that is, between his conscious waking intellect and his dream faculty.

These examples will perhaps serve to make more convincing the transition which we are now to make from dreams to poetry proper. The function of poetry also seems to be to represent the imaginary fulfilment of our ungratified wishes or desires. The poet Bacon says, "submits the shows of things to the desires of the mind." The poet is essentially a man filled with desire, unsatisfied; and it is in a state of dissatisfaction that poetry arises.[1] The lover, separated from his mistress, who falls to scribbling verses, is typical of all poets. The dissatisfaction inspiring poetry, however, may be of any kind. Burns parted from his Clarinda, Dante worshiping Beatrice from a distance, Byron suffering from oppression and unable to fight actively against it, Coleridge dissatisfied with life in England as he finds it, and dreaming of a Utopia on the banks of the Susquehanna, Wordsworth looking back to the time when the earth

"did seem
Apparelled in celestial light,"

are all in the mood for producing poetry. The poet does not live in the present; he hopes and aspires. "It is no mere appreciation of the beauty before us," says Poe, which inspires the poet, "but a wild effort to reach the beauty

[1]Compare the theory of Ribot, L'Imagination Créatrice, p. 36; "C'est dans les besoins qu'il faut chercher la cause première de toutes les inventions."

above. It is the desire of the moth for the star."[1] The use of poetry is to afford an escape from reality; to transform the real world, by an effort of the poetic imagination, into an ideal world in accordance with our desires, our hopes, our aspirations. The use of poetry, Bacon says again, "hath been to give some shadow of satisfaction to the mind of man in those points wherein the nature of things doth deny it; the world being in proportion inferior to the soul; by reason whereof there is agreeable to the spirit of man a more ample greatness, a more compact goodness, and a more absolute variety, than can be found in the nature of things."[2] Byron expresses nearly the same thought in verse:

> " The beings of the mind are not of clay;
> Essentially immortal, they create
> And multiply in us a brighter ray
> And more beloved existence: that which Fate
> Prohibits to dull life, in this our state
> Of mortal bondage, by these spirits supplied,
> First exiles, then replaces what we hate;
> Watering the heart whose early flowers have died,
> And with a fresher growth replenishing the void."[3]

It is perhaps dangerous to generalize broadly and say that the use of all poetry is that which Bacon describes, that poetry uniformly represents the gratification of unsatisfied desires. Much goes under the name of poetry, satirical, humorous, and didactic, to which this description is not directly applicable. Poetry is broadly of two kinds — to employ a distinction of John Keble's which will be noticed later — primary, which is original and inspired, and secondary, which is second-hand, copying the forms of inspiration. There is Homer, and there are poets like those whom Plato describes as depending on Homer, as the successive iron rings on the magnet. Our principle applies only to the poetry of inspiration. Perhaps an imaginative lyric of pure joy would constitute an exception to the principle. It is doubtful, however, if unmixed joy is a poetical mood; if the note of sadness is not, as Shelley and Poe

[1] "The Poetic Principle."
[2] The Advancement of Learning, Book II.
[3] Childe Harold's Pilgrimage, IV, 5.

thought, inseparable from true poetry. Perhaps even in joy the heart remains unsatisfied; "it may still feel," as Poe says, "a petulant impatient sorrow at our inability to grasp now, wholly, here on earth, at once and forever, those divine and rapturous joys of which . . . we attain to but brief and indeterminate glimpses."[1] Poetry, according to Wordsworth and Coleridge, always implies passion; and passion is properly suffering, dissatisfaction, the effect of desire. "Most wretched men," says Shelley, in "Julian and Maddalo,"

> "Are cradled into poetry by wrong:
> And learn in suffering what they teach in song."

Poetry expresses passion, and poetry expresses unsatisfied desire; I believe it is not psychologically incorrect to say that these two statements are fundamentally equivalent.

In judging the general principle above mentioned—that the end of poetry, as of dreams, is to satisfy desire—the reader should keep in mind two further considerations. First, that the gratification of poetry may extend no further than that derived from the idealized expression, which is in every case substituted for the imperfect and inhibited utterance of ordinary life. Secondly, that in poetry the poet's desires are not represented openly and literally; they are disguised, conveyed through a medium of fiction, bodied forth in strange forms as a result of the alchemic action, the "dream-work," of the poet's brain. The last point will be more fully considered later.

The poet is called creative, and his activity that of the creative imagination. "God without any travail to his divine imagination," says Puttenham, expressing the view of the older English critics, "made all the world of naught. . . . Even so the very poet makes and combines out of his own brain both the verse and matter of his poem."[2] So Byron says of poetry:

> " 'Tis to create, and in creating live
> A being more intense, that we endow
> With form our fancy, gaining as we give
> The life we image, even as I do now."[3]

[1] "The Poetic Principle."

[2] Arte of English Poesie, ed. Arber, p. 19.

[3] Childe Harold's Pilgrimage, III, 6.

And Shelley of the poet:

> "But from these create he can
> Forms more real than living man,
> Nurslings of immortality."[1]

The poet is called a creator because, as we have seen, he creates in an ideal world, according to our desires, what is lacking in the divinely created world of reality. His work is thus akin to the divine — "a repetition," as Coleridge calls it, "in the finite mind of the eternal act of creation in the infinite *I am*."[2] He is essentially what the name signifies, ποιητής, a maker or creator. Poetry, as all the older and better critics agree, is not essentially expression in metrical language,—

> "No jingling serenader's art
> Nor tinkling of piano strings."[3]

Bacon, following Aristotle, calls poetry "feigned history," and includes under it all kinds of fiction. "The poet is a maker, as his name signifies," says Dryden, "and he who cannot make, that is, invent, has his name for nothing." Fiction, moreover, is essentially equivalent to poetry, as its etymology would suggest — coming from the Latin *fingere*, related to *facere*, it signifies a making or creation.[4] The German *Dichtung* comprises both poetry and fiction; indeed, by older English critics plays and novels are frequently called poems, even when written in prose. The essential activity of the writer of plays and novels is the same as that of the poet; he also creates in an ideal world, subjecting the shows of things to the desires of the mind. The word poetry, therefore, will be used here throughout, as the equivalent of *Dichtung*, to include every work of creative imagination in literature, whether in prose or verse.

The poets have traditionally been considered prophets.

[1]Prometheus Unbound, Act I, Sc. 1.

[2]Biographia Literaria, Chap. XIII.

[3]Emerson, Merlin.

[4]To this creation the imitation of Aristotle is essentially equivalent. It is not an imitation of nature in the ordinary sense, but a sublimation of nature; or, more exactly, a *mimic creation*, arising partly from the natural propensity of men to copy what they see in nature, and partly from the poetic or fictioning propensity mentioned above. See S. Butcher, Aristotle's Theory of Poetry and Fine Art, Chap. IV, particularly pp. 150, 153.

Apollo was the god of poetry and of the oracles. "The oracles of Delphos and Sibylla's prophecies were wholly delivered in verses"; as those of Mother Shipton and of the present day fortune-teller are in jingling rhymes. The same is true "of the dreamer Merlin and his prophecies." To the bard, the seer, and the prophet have been attributed the same character and inspiration. This view is still confidently held. After noting that in earlier epochs poets were called legislators and prophets, Shelley says: "A poet essentially comprises and unites both of these characters. For he not only beholds the present intensely as it is and discovers the laws according to which present things ought to be ordered, but he beholds the future in the present, and his thoughts are the germs of the flower and fruit of latest time." Emerson believes that poets are still inspired to prophecy,—as in "Merlin":

> "There are open hours
> When the God's will sallies free
> And the dull idiot might see
> The flowing fortunes of a thousand years."

What is the explanation of this union of poetry and prophecy? Perhaps in part it lies merely in the fact that the poet is a man of wide learning and observation, of free and comprehensive thought, who, employing an imagination of the merely practical order, akin to that of the merchant forecasting the coming year in business, "beholds the future in the present" and foretells it. Thus Shelley foresaw future events in Irish politics.[1] A deeper explanation is suggested, however, by the apparition of Goethe, mentioned above. The poet in his poetry expresses his desires, primarily his own desires, but also, through his well-known universal and representative character, the desires of others —of his class or country, of mankind. Great poets are great for that reason, because their writings give "some shadow of satisfaction" to the minds of all men. What the

[1]Symonds, Shelley, pp. 62, 63. Shelley had strange premonitions of his death by drowning; see p. 154. Blake, taken by his father to Ryland's studio, said, after leaving, "Father, I do not like the man's face; it looks as if he will live to be hanged"—which he was, twelve years later. See Gilchrist's Life, Vol. I, p. 13. Perhaps we had better leave such strange prophecies unexplained.

great poet desires all men desire; he is only their spokesman. And what all men desire they strive earnestly to obtain, and will obtain eventually. As Lowell says,

> "The dreams which nations dream come true,
> And shape the world anew."[1]

Thus the connection between poetry and prophecy becomes at least partially explicable and comprehensible to us. It is no marvel if in this way the poet sees "the flowing fortunes of a thousand years." The range of prophecy is as great as that of human desire or aspiration. For example, "The kingdom of heaven is like to a grain of mustard seed, which a man took, and sowed in his field; which is indeed the least of all seeds: but when it is grown it is the greatest among herbs, and becometh a tree, so that the birds of the air come and lodge in the branches thereof." This, though not to be definitely interpreted, is poetry and prophecy — a prophecy which apparently has required and will require great length of time for its fulfilment. Even the beautiful vision of John, who was carried away in the spirit and saw a great city, the street whereof was pure gold, as it were transparent glass, will one day, let us all hope, be realized.

"Among the Romans a poet was called *vates*, which is as much as a diviner, foreseer, or prophet, as by his conjoined words, *vaticinium* and *vaticinari*, is manifest; so heavenly a title did that excellent people bestow upon this heart-ravishing knowledge."[2] The poet, the prophet, and the priest are one, because the best of religion is prophecy and poetry of the highest kind. The true priest sees truth by subjecting the shows of things to the desires of the mind — to our highest desires or aspirations. The true priest, as we shall see presently, like the poet, also ministers to the peace and comfort of mankind. At the present time, when prophecy is no longer believed in, when poetry is too often regarded as mere versifying or artistry, and when religion is so much in need of inspired ministers, it will help us to recognize the common character in these three things, which the men of old wisely joined together and which we have put asunder.

[1] "Ode to France."

[2] Sidney, Defense of Poesy, ed. Cook, p. 5.

II

Poetry, then, like dreams, affords expression and imagined gratification to our desires. If our desires are actually gratified, our poetry, like our dreams, becomes prophetic. The explanation is in both cases the same. Let us follow the parallel further.

Dreams, according to Dr. Freud, are not, excepting those of children, inspired by conscious desires, but by unconscious ones.[1] Sometimes, it is true, the manifest content of a dream shows without distortion the fulfilment of a wish of which the dreamer is entirely conscious; more often also such a conscious wish is discovered in the latent content on analysis; in every case, however, as appears on fuller analysis, these conscious wishes are associated with and merely re-enforce deeper unconscious ones, which are the fundamental motives to the dream activity. Thus no wish is capable of producing a dream which is not unconscious or associated with another wish which is unconscious. This, for its explanation, requires some knowledge of a part of Dr. Freud's psychological theory which is fundamentally important, namely, that which deals with psychic repression. Only such desires remain in our consciousness as are "acceptable to consciousness." Certain desires cannot possibly be gratified because they meet with actual external hindrances. Others cannot be gratified because their gratification would be incompatible with our duty — our obligations towards others. In either instance there is a conflict between the selfish individual impulse and objective circumstances — environment; the case being the same whether the hindrance to gratification is physical, lying in an actual impediment, or moral, arising from the individual's regard for law, morality, custom, or the opinion of others. Such desires, since they are incapable of being expressed in activity calculated to secure gratification, are not worth retention in consciousness. They are, moreover, inevitably unpleasurable — painful to the individual, and

[1]Dr. Freud uses the term *unconscious* to denote mental processes which cannot spontaneously be recalled to consciousness, — which are recalled only under unusual circumstances or by artificial means. For the theory of this section see Die Traumdeutung, VII.

because painful, they are by a defensive process, repressed. These desires, however, are still proper to the individual; they are not removed, but only transferred to unconsciousness; and there remain operative. That is, they are still capable of starting various mental processes. One of these processes is that of dreams. Our unconscious wishes — those which are impracticable, or which are painful, shameful, or otherwise intolerable, and thus are driven from our conscious waking minds — are fulfilled for us in sleep. And biologically considered, the function of dreams is this,— that they satisfy and allay mental activities which otherwise would disturb sleep. By affording a necessary expression or discharge they secure mental repose. The dream is thus the "guardian of sleep." The function of day dreams and hallucinations is doubtless the same — to relieve the overburdened mind and secure a comfort not to be found in the presence of reality.[1] Speaking of the apparition already mentioned, Goethe says: "Whatever the explanation of these things may be, the wonderful phantom gave me at that moment of separation some alleviation."

Some readers may be inclined to doubt the existence of this repression, of unconscious desires, and in general of the "unconscious" which plays so large a part in Dr. Freud's theory. They may be inclined to believe that a person is definitely aware at any moment what his desires are, and his motives for action; and that unconscious desires and motives are a fiction. Such a belief is, as we shall see in a moment, strongly opposed by the best evidence in literature. "The uttered part of a man's life," as Carlyle observes, "bears to the unuttered unconscious part a small unknown proportion; he himself never knows it, much less do others."[2]

If poetry then, as we have seen, like dreams, has for its purpose the imaginary gratification of our desires, it also, like dreams, proceeds from an unconscious rather than a conscious mental activity, and has its origin in unconscious sources. Poetry is not produced by the poet spontaneously, by a voluntary action of the intellect; it emerges

[1]Cf. Die Traumdeutung, p. 304.

[2]Essays, "Sir Walter Scott."

involuntarily and unconsciously as the result of a hidden activity, which, therefore, we cannot readily investigate, and which we call, without attaching definite meaning to the words, that of the "poetic imagination." Poetry, as Shelley declares, is "created by that imperial faculty whose throne is curtained within the invisible nature of man."[1] The attitude of the poet is never that of the man of science, who can trace his work definitely step by step from inception to completion; it is rather that of Voltaire, who, on seeing one of his tragedies performed, exclaimed, "Was it really I who wrote that?" The testimony of poets and critics to this effect is universal and familiar to every student of literature. It seems advisable, however, to quote from some of them.

"Many are the noble words in which poets speak concerning the actions of men," Plato makes Socrates say, "but . . . . they do not speak of them by any rules of art; they are simply inspired to utter that to which the Muse impels them. . . . God takes away the minds of poets, and uses them as his ministers, as he also uses divines and holy prophets, in order that we who hear them may know them to be speaking not of themselves who utter these priceless words in a state of unconsciousness, but that God himself is the speaker, and that through them he is conversing with us."[2] According to Spenser, poetry is "no art, but a divine gift and heavenly instinct, not to be gotten by labor and learning, but adorned with both, and poured into the witte by a certain Enthousiasmos or celestiall inspiration."[3] The imagination, on the authority of Shakespeare, "bodies forth the forms of things unknown."[4]

The expressions of more recent poets and critics are to the same effect. This "instinct of the imagination," says Hazlitt, "works unconsciously like nature, and receives its impressions from a kind of inspiration.[5] Scott, the

[1]Defense of Poetry, ed. Cook, p. 7.

[2]Ion, Jowett's Translation, third edition, Vol. I, p. 502.

[3]Quoted with part of the preceding, by Woodberry, The Inspiration of Poetry, p. 2.

[4]Midsummer Night's Dream, Act V, Sc. 1.

[5]English Comic Writers, ed. W. C. Hazlitt, p. 147.

sanest of poets, says: "In sober reality, writing good verses seems to depend upon something separate from the volition of the author."[1] George Eliot, living in the clear light of modern science, declared "that in all she considered her best writing there was a 'not herself' which took possession of her, and that she felt her own personality to be merely the instrument through which this spirit, as it were, was acting."[2] Goethe says: "There is a sense in which it is true that poets, and indeed all true artists must be born and not made. Namely, there must be an inward productive power to bring the images that linger in the organs, in the memory, in the imagination, freely without purpose or will to life." This is the opinion of those we should call poets of art as well as of poets of inspiration. "It is not well in works of creation," Schiller writes, "that reason should too closely challenge the ideas which come thronging to the doors. . . . In a creative brain reason has withdrawn her watch at the doors, and ideas crowd in pell-mell."[3] Voltaire wrote to Diderot: "It must be confessed that in the arts of genius instinct is everything. Corneille composed the scene between Horatius and Curiatius just as the bird builds its nest."[4]

Voltaire's expressive figure agrees curiously with that in Emerson's "Problem," which with "Spiritual Laws" throws much light on this subject:

> "Know'st thou what wove yon woodbird's nest
> Of leaves, and feathers from her breast?
> Or how the fish outbuilt her shell,
> Painting with morn her annual cell?
>
> . . . . . .
>
> "The hand that rounded Peter's dome
> And groined the aisles of Christian Rome
> Wrought in a sad sincerity:
> Himself from God he could not free;
> He builded better than he knew; —
> The conscious stone to beauty grew.
>
> . . . . . .

[1]Lockhart, Life of Scott, Chap. XXXVIII, Letter to Lady L. Stuart.
[2]Cross, Life of George Eliot.
[3]Quoted by Hirsch, Genius, pp. 31-33.
[4]April 20, 1773.

"These temples grew as grows the grass;
Art might obey, but not surpass.
The passive Master lent his hand
To the vast soul that o'er him planned."

We may stop a moment more over two writers whom we have already considered in some detail — Bunyan and Shelley. Taine writes of Bunyan's imagination: "Powerful as that of an artist, but more vehement, this imagination worked in the man without his co-operation, and besieged him with visions which he had neither willed nor foreseen. From that moment there was in him, as it were, a second self, ruling the first, grand and terrible, whose apparitions were sudden, its motions unknown, which redoubled or crushed his faculties, prostrated or transported him, bathed him in the sweat of agony, ravished him with trances of joy, and which by its force, strangeness, independence, impressed upon him the presence and the action of a foreign and superior master."[1]

Shelley's inspiration must have been of a similar order. Trelawny tells of finding Shelley alone one day in a wood near Pisa, with the manuscript of one of his lyrics: "It was a frightful scrawl, words smeared out with his fingers, and one upon another, over and over in tiers, and all run together in the most admired disorder. . . . On my observing this to him, he answered, 'When my brain gets heated with a thought, it soon boils, and throws off images and words faster than I can skim them off. In the morning when cooled down, out of the rude sketch, as you justly call it, I shall attempt a drawing.' "[2] We have seen that with Shelley bodily heat was conducive to dreams and poetry. So here he describes the heat of inspiration; as he does also in the following from the Defense of Poetry: "Poetry is not like reasoning, a power to be exerted according to the determination of the will. A man cannot say, 'I will compose poetry.' The greatest poet even cannot say it; for the mind in creation is as a fading coal, which some invisible influence, like an inconstant wind, awakens to transitory brightness; this power arises from within, like the color of a flower

[1]English Literature, Book II, Chap. V, Sec. 6.
[2]Symonds, Shelley, p. 166.

which fades and changes as it is developed, and the conscious fortunes of our natures are unprophetic either of its approach or its departure."

Poetical creation, then is generally described as an instinctive and unconscious process. Poetry is not a conscious product of the intellect, but the manifestation or symptom of an inner uncontrolled activity. What does this mean? We have seen that poetry is the expression of desires. Is it not natural to suppose that the desires of the poet, as of the dreamer, are impeded and consequently repressed,— forced back into unconsciousness. These desires are prevented from serving as motives for conscious action looking toward gratification; thus failing of expression they become unconscious but still remain operative in another manner — that is, in starting an activity affording a fictional gratification. If this is the case then poetry, like dreams, has its source in repressed and unconscious desires. Let us see what further support is to be found in literature for this view.

In one of his critical essays, which has been too much overlooked, John Keble "proposes by way of conjecture" the following definition: "Poetry is the indirect expression in words, most appropriately in metrical words, of some overpowering emotion, ruling taste, or feeling, the direct indulgence whereof is somehow repressed."[1] Keble's exposition of this definition is well worth the reader's attention. As a whole it cannot be even summarized here. Some parts of it, dealing with the nature of the poet's indirect expression, with the function of metre, and with the kinds of poetry, will be noticed later. For the present we are concerned with Keble's theory of repression in poetry — which is in substance that poetry is the expression of repressed emotion, or, substituting terms which he uses on another page, of repressed "desire or regret."[2] Keble says nothing of the unconscious origin or production of poetry; otherwise his theory is obviously in general agreement with that

[1]The British Critic, Vol. XXIV, p. 426, — a review of Lockhart's Life of Scott, reprinted in Occasional Papers and Reviews, 1877. See also Keble's De Poeticae Vi Medicâ; Praelectiones Academicae Oxonii Habitae, 1844.

[2]Keble's theory is founded on Aristotle's; cf. *ibid.*, pp. 428, 435. He perhaps does some violence to Aristotle's *imitation* in translating it *expression;* but his theory is in substantial agreement with Aristotle's.

suggested in the preceding pages. There is no element of poetry in the direct indulgence, or expression, of feeling. It is only when this indulgence, or expression, is impeded that poetry arises. Thus a speech which contrives by association or allusion to expose a hidden feeling, or a face which by a sudden and fleeting play of feature conveys an otherwise incommunicable motion of the heart, we feel to be "expressive," or "poetical." It gives pleasure by overcoming difficulty and obviating repression. We call a landscape poetical "when we feel that it answers, or tends to express, and by expression to soothe or develop, as the case may be, some state more or less complicated of human thought and feeling," for which we can find no words. Poetry expresses what by other means is inexpressible. The impediment to expression may be of any nature. Perhaps the "very excess and violence" of the emotions "make the utterance of them almost impossible"; perhaps the emotions "in their unrestrained expression would appear too keen and outrageous to kindle fellow feeling"; perhaps there is in the writer's mind an "instinctive delicacy" which shrinks from communication. In any case direct expression being impossible a veiled or poetical one is the recourse.

For some expression is necessary; the emotions must have vent. What Keble calls "the instinctive wish to communicate" must be satisfied.[1] "All men," Emerson says, "live by truth, and stand in need of expression. In love, in art, in avarice, in politics, in labor, in games, we study to utter our painful secret. The man is only half himself, the other half is his expression."[2] Thus to "open one's mind" is healthful and comforting. The lover is relieved if he can confess his passion. The man in anger must "speak his mind" or "have it out." And the same in grief; "he often finds present helpe who does his griefe impart."[3] On the other hand, the repression of emotion is painful and dangerous. "That way madness lies."

> "Give sorrow words: the grief that does not speak,
> Whispers the o'erfraught heart and bids it break."[4]

[1]See Hirsch, Genius, pp. 43-45.

[2]Essays, "The Poet."

[3]Spenser, Faerie Queene, II, i, 46.

[4]Macbeth, Act IV, Sc. 3.

This helps to explain the cause and use of poetry. We have seen that the function of dreams is to prevent the disturbance of sleep; that of poetry is entirely analogous. "Here, no doubt," says Keble, "is one final cause of poetry: to innumerable persons it acts as a safety valve, tending to preserve them from mental disease." Or, as Newman expresses it: "Poetry is a method of relieving the overburdened mind; it is a channel through which emotion finds expression, and that a safe, regulated expression." It accomplishes "thus a *cleansing*," as Aristotle would word it, "of the sick soul."[1]

The testimony of poets supports this view. Goethe speaks of his habit "of converting whatever rejoiced, or worried or otherwise concerned me into a poem and so have done with it, and thus at once to correct my conception of outward things and to set my mind at rest." "Sing I must," he makes Tasso say, "else life's not life." Schiller, speaking of some of his lyrics, says: "They are too true for the individual to be called poetry proper; for in them the individual appeases his need and alleviates his burden."[2] "I kittle up my rustic reed," says Burns in his Epistle to W. Simson, "it gies me ease"; and to the same effect in a letter to Moore: "My passions raged like to many devils till they got vent in rhyme; and then conning over my verses, like a spell, soothed all into quiet."[3] Wordsworth must have found relief in poetical expression:

> "To me alone there came a thought of grief;
> A timely utterance gave that thought relief,
> And I again am strong."[4]

[1]Essays Critical and Historical, "John Keble."
[2]Quoted by Hirsch, Genius, pp. 45, 50.
[3]August 2, 1787. Cf. also "The Vision":
> "I taught thee how to pour in song,
> To soothe thy pain."

[4]"Intimations of Immortality." Cf. Tennyson, "In Memoriam," v, 2:
> "But for the unquiet heart and brain,
> A use in measured language lies;
> The sad mechanic exercise,
> Like dull narcotics numbing pain."

But this is a relief of another sort,— mechanic rather than truly poetic.

Mr. Kipling seems to have understood this matter. Introducing the tale of the "Phantom Rickshaw" and speaking of its supposed narrator, he says: "When he recovered I suggested that he should write out the whole affair from beginning to end, knowing that ink might assist him to ease his mind. When little boys have learned a new bad word they are never happy until they have chalked it upon a door. And this also is literature."[1] The little boy clearing his mind by expression is, as Mr. Kipling suggests, typical of the later poet.

This use of poetry to the poet explains, in part at least, its value to the reader. The poet provides expression not merely for himself, but, by virtue of his representative character, for his readers as well. One who reads, not as a student or a connoisseur for an ulterior purpose, but for the true pleasure and satisfaction which the reading affords, finds in poetry the expression not of another's feeling but of his own. He identifies himself with the poet and himself lives through the poem; the poet is only his spokesman, providing him with the needed outlet for his pent emotion; for him, too, the poem expresses what would otherwise remain inexpressible. Thus countless readers find relief and comfort in poetry. And this explains, in part at least, the pleasure which poetry affords. It is a pleasure of satisfied desire, akin to the pleasure of actual satisfaction,— the satisfaction in this case being an imaginary or fictional one, a substitute for the actual, but affording a similar pleasure. The use of poetry, Bacon says, is "to give some *shadow* of satisfaction to the mind of man in those points wherein the nature of things doth deny it."

The reader will remember that we are throughout employing the term poetry broadly to include all creative literature: what has just been said therefore applies to fiction generally, to the novel and the drama. Men are fatigued with the business of life, they are preyed upon by unpleasant feelings, they suffer from a tension which requires relaxation. They read a novel or go to the theatre, and find supplied in fiction what is wanting to them in reality. They

[1]Kipling omits the last two sentences in some editions of the "Phantom Rickshaw."

feel what Keble calls the *vis medica poeticæ;* after living in this world of fiction they

> "With peace and consolation are dismissed
> And calm of mind, all passion spent."[1]

This view of poetry as a safe and regulated expression for emotion will perhaps supply some commentary to Aristotle's definition of tragedy. The function of tragedy, according to this definition, is "to effect through pity and fear the *katharsis* or purgation of these emotions." This definition is not necessarily inconsistent with our description of poetry as satisfying desire. Shelley observes: "Sorrow, terror, anguish, despair itself, are often the chosen expressions of an approximation to the highest good. Our sympathy in tragic fiction depends upon this principle: tragedy delights by affording a shadow of that pleasure which exists in pain."[2] The Aristotelian katharsis, at any rate, is related to the *vis medica* which we have explained. It is not a moral but primarily a psychic cleansing, or curative process, aimed at a pathological condition of the mind. Katharsis is a medical term; in "the language of the school of Hippocrates it strictly denotes the removal of a painful or disturbing element from the organism, by the elimination of alien matter."[3] "Applying this to tragedy," says Professor Butcher, "we observe that the feelings of pity and fear in real life contain a morbid or disturbing element.[4] In the process of tragic excitation they find relief, and the morbid element is thrown off. The curative or tranquilizing influence that tragedy exercises follows as an immediate accompaniment of the transformation of feeling." Thus to the Greeks a dramatic representation was not merely a means of amusement, but a great public and sacred rite of purification.[5]

[1]Milton, Samson Agonistes, last two lines.

[2]Defense of Poetry, ed. Cook, p. 35.

[3]Butcher, Aristotle's Theory of Poetry, p. 253.

[4]Students of Dr. Freud's theory will understand why fear should contain a morbid or disturbing element,— fear being the conversion of repressed desire.

[5]This, however, is an unguarded statement. For it is also one purpose of our amusements to cleanse the sick mind. Play is the idealizing fiction of the child as poetry is of man. It is appropriate, therefore, that we should call our dramatic performances *plays*.

It is interesting to find that those who practise the method originated by Dr.

The conclusion, then, to which this evidence leads is that poetry is the expression of repressed and unconscious desires; and that the function of poetry, biologically considered, like that of dreams, is to secure to us mental repose and hence health and well-being. Poetry "cleanses the sick soul." Might this be one reason why Apollo had for his province not only poetry but healing, the two things being thus intimately related as means to end?

Freud, for dealing with psychoneuroses, speak of it as the *cathartic* method. The essential feature of this method is that it provides expression for repressed emotions, these constituting "a painful and disturbing element in the organism"; it effects "the elimination of alien matter." This mere expression has been found curative in psychoneuroses. The Greeks were apparently familiar with a *cathartic* treatment for morbid emotional states, persons afflicted with madness or "enthusiasm" being treated by music, which accomplished an emotional cleansing analogous to that accomplished by tragedy. Persons so treated, says Aristotle, "fall back into their normal state, as if they had undergone a medical or purgative treatment." Perhaps this is one of the matters which the Greeks understood better than we. See Butcher, Aristotle's Theory of Poetry, Chap. IX; cf. Plato, Charmides, Jowett's translation, third edition, Vol. I, p. 13.

(*To be concluded*)

PRELIMINARY NOTE ON THE PHYSIOGNOMICAL REFLEX

BY SMITH BAKER, M.D., UTICA, N. Y.

IN a paper prepared for the New York State Medical Society for the year 1903, I first made use of the term "Physiognomical Reflex," but in a way so hesitant and tentative that even for myself it had but an indifferent interest, more curious than useful, and was subsequently erased as being too inconsequential for further use. However, it proved to be the starting point of an investigation which more recently has become increasingly interesting and useful, and which, seemingly, promises something that will be worth while in the future.

When one thinks of it, everybody makes practical use of the automatic expressions of the face, in all his associations with his fellows. Not only do we thus consciously or unconsciously obtain much of the information on which we base our estimation of character in its entirety, but likewise certain very definite grounds for our specific dealings with people, whether these be merely of temporary significance or more lasting. In this way, too, every item of domestic or social or business, or other experience, gets to be more or less modified by the impressions that we get from people's faces.

Nor does the use of this method of "reading" the mental and allied possibilities of individuals stop with the common affairs of daily life. Every educator, clergyman, lawyer, detective, physician, and likewise every one else who has significantly to do with people in particular ways, knows that to a very great extent success depends upon ability to accurately "read" the revelations of people's faces, almost more than upon any other one qualification. As for the physician, especially, he all along makes so much use of his appreciation of the characteristic "facies" belonging to certain diseases, as well as of many more or less crude or refined appreciations of the variable physiognomies observed in health, to help him both in diagnosis and prognosis, that he is generally convinced that reliance upon

what he perhaps but intuitively gleans in this quiet way often stands him in better stead when he enters upon his course of management of certain cases, than many or perhaps all of the items of knowledge otherwise obtained. Indeed, accurately thus to use the revelations of the patient's physiognomy is a capability so obviously valuable, that it is difficult of comprehension that heretofore little or no attempt to extend and systematize this has not been considered one of the most legitimate of all undertakings conceivable in the psycho-physical.

When the fields of neurology and of abnormal psychology are entered, not only do we find ourselves "naturally" making use of this particular means of gathering information, but often we would undoubtedly esteem it a valuable accession to our other means of investigation, could we probe still deeper with our penetrative glance, be much surer of our interpretation, and come to know much more accurately how to co-ordinate the entire results thus to be obtained, with what we in other ways learn of the history, and character, and diseases of the patient in hand. In respect of this, the ability, for instance, to see the difference between the facial expression of neurasthenia or psychasthenia on the one hand, and of the early stages of Parkinson's Disease, on the other, may be taken as typical of much that in every direction might be of incalculable benefit, if methods of investigation and interpretation were only comprehensive and refined enough for the purpose.

Now, if so much is of use where as yet nearly all is purely automatic and instinctive, what might be the additional uses to which properly directed methods of successfully inducing physiognomical responses at will would lead, if only we knew how best to do this, and likewise, how best to interpretate whatever might thus be intentionally educed. That is, why should it not be a most laudable undertaking to attempt, at any rate, to devise methods by which what is now held to be valuable in our unconscious readings of the human face, may be extended, hopefully, at least, until every case can be read, not only "as a book," but by far more rightly read, so far as diagnostic, prog-

nostic, and curative knowledge is concerned, than has ever been possible heretofore?

It is, then, not to the everyday automatic readings of physiognomies that I would give the term "Physiognomical Reflex," but to the additional changes in expression, which are to be *purposely induced*, by measures *purposely* designed, in order to bring out the definitely needed revelation of contrasts and variabilities of ideational content and emotional tone and volitional power, which will help to characterize and differentiate individual cases, one from the other. This, the true "physiognomical reflex" is such, then, only as such purposely induced response is secured, and subsequently considered to be, if of the same order as the uninduced automatic facial changes, yet distinctively something additional, in that it brings about at the will of the investigator, and by methods that have been thought out beforehand and applied as efficiently as the nature of the case admits, certain revelations which otherwise would have remained hidden, or at least not fully discovered. Of course, this does not imply that the same methods of investigation or interpretation are applicable or most useful in all cases. Skill in selecting the methods best adapted to secure needed results in the case in hand is here as necessary as elsewhere. Only, in all cases the *principle* of the method will remain essentially the same; namely, that the investigator, by using his preconceived notions as to what will work best, proceeds to induce such changes in the physiognomical expression of his patient as will reveal to him whatever he wishes to learn, to every extent possible. As the knee-jerk is induced by the proper mechanical blow, so the physiognomical reflex is thus to be induced by the proper psychical impact of the investigator's exciting sensory or ideational influence.

It should be noted, in passing, that in this description of the physiognomical reflex something more is intended than would be included under the simpler term, "facial reflex." The term "facial reflex" should be definitely restricted to the ordinary reflexes of the facial nerve and its co-ordinates, so far as these may be elicited; and, like the ordinary neuromuscular responses to mechanical impact elsewhere, those of the facial nerve thus restricted are already incorporated

in neurological nomenclature. Yet, as all have known, at least more definitely from the time of Bell, that all sorts of influences including mental and emotional states change the facial expression through the motor activity of this nerve, so its activities must enter extensively into any consideration of the physiognomical reflex whatever. But evidently this latter must include not only the activity of the seventh nerve, but also that of every nerve that has in the least to do with the head and its carriage, as well as with the face and its successive changes in expression. Consequently, the physiognomical reflex is thus made to be one of the most comprehensive in the whole human system.

Interest in this reflex began and has grown with me, in noting the changes in expression which occurred while I was putting questions to my patients. The special ways in which the physiognomical response was made to these, not only by different patients, but by the same patient on different days, or at different hours of the same day, or under varying conditions of distraction, fatigue, well or ill-being, moodiness, previous engagement, differing expectations, being accompanied or alone, and all the rest, became increasingly of interest, and in time this interest began to organize itself into queries as to further possibilities, and, likewise, into desultory efforts to make something further of it. I began to see also much more definitely than before, that even with but undeveloped skill one could thus learn quite a little that was more or less valuable, and which should not be neglected. Hence, in time, almost necessarily there arose the further query, Why not try to work this field more extensively by devising adaptive measures and as opportunity offered by using them much more systematically and to the point?

Legitimate as this seemed, it was not, however, until a much later day that anything like the altogether possible uses of the physiognomical reflex in confirming, or negating, or modifying the results of other methods of investigation, has become apparent. This has come about, more recently, as I have watched the physiognomies of those under various associative tests in psychoanalysis. Here I soon became convinced that often what I saw in people's faces was

of equal or more consequence than what I heard by way of response to the test-words, or the length of time in which the responses varied. Indeed, here seemed to be not only sufficient ground for revival of my former but lagging interest in the physiognomical reflex, but also many a suggestion of some of the uses to which it could be put, as soon as I could devise better measures for its eliciting, and especially for preserving results in permanent records. Before this, the data had all been so evanescent and incommunicable, and attempts at record and comparison so imperfect and vague, that at least half their real value had been irretrievably lost in consequence. When also before this I had attempted to change the attention of patients, by all sorts of expressions — startling, mild, jocular, profane, personal, abstract, or what not — and had attempted to note the resulting changes in expression in consequence, although I had apparently been on the right track and on one that I might continue with increasing profit, yet I could preserve so little of my gleanings by the way that useful results had proved to be out of all proportion to those expected and needed, and doubt as to real values had strongly inhibited further investigation.

More recently, however, in connection with the practice of psychoanalysis, interest in the real importance of the uses of the physiognomical reflex has been revived to an unexpected degree, and has led me to a testing of the whole matter with renewed energy and attention. But here again interest would undoubtedly have flagged had not I hit upon the invaluable camera for making permanent records of disclosures which before had been but fleeting and only half usable. With the uses of this adjunct fully realized, there seems no whit of doubt that the physiognomical reflex skilfully elicited and its results permanently recorded will prove to be one of the most useful helps to the neurologist and psychiatrist, and especially to the borderland psychologist, that have yet been devised. At any rate, results thus far are sufficiently encouraging to provoke still further efforts in developing the method, until at least its practical uses shall be proven, or otherwise.

So far as yet settled upon the best method of procedure in the use of the physiognomical reflex is this:

1. Let the patient first tell his story and as it comes to his mind spontaneously.

2. Let him repose comfortably, and then by quiet suggestion and questioning lead him to amend his former statements as he readily can. Record first and second as usual.

3. Let him arise and sit where his face can be noted, and where the light is regulable as nearly to a common intensity as possible.

4. Proceed with the association tests in psychoanalysis as commonly, watch closely the changes in expression, and record these as well as possible by writing in connection with each test-word used.

5. Select from the list of test-words three to five of those which were evidently the most disturbing: or any other words which seemingly will answer the purpose, perhaps better. At intervals of three or four minutes, pronounce distinctly, but not ostentatiously, one of the select words, and, after counting five or so, photograph the expression. (The camera should occupy a permanent position, and be all ready to use without preliminary focusing or other preparation. The negative should not be retouched.)

6. Repeat the whole proceeding at such intervals as may seem necessary to the clarity and validity of results.

Of course, all this is crude as yet in my own hands; but preliminarily it has been worth while, and quite likely others may devise methods much better and altogether more serviceable. However, the idea of the *physiognomical reflex*, its purposeful eliciting, and its practical interpretation must probably remain as here stated. As thus described and thus far used, it is evident that the physiognomical reflex is one that is elicited, not by mechanical impacts, but by sensational, ideational, or emotional impacts, i.e., it is as truly a psycho-motor reflex, as the ordinary tendon reflexes are physico-motor. But none the less, it may well be considered, seemingly, as a true reflex, and not one that should occupy a very low rank, either.

37 Winston Building.

ABSTRACTS

PROBLEMS OF SUGGESTION (*Les Problèmes de la Suggestion*). *Pierre Janet. Journ. f. Psychol. u. Neur.* Band XVII, S. 323-342. (*Ergänzungsheft.*)

NOWHERE, perhaps, is language so loose as in works on psychotherapy. This lack of precision is especially illustrated in the use of the word "suggestion." There are two current usages; the one, extensive, tends to give to the word the widest possible interpretation, while the other restricts its meaning within narrower limits. According to the first usage, which we owe originally to Bernheim, every psychic impression, in whatsoever manner it is received, from whatsoever source, is suggestion. So that in this sense suggestion is ultimately synonymous with "thought," "psychological phenomenon," "consciousness."

But it must be recalled that when the early magnetists beginning with Puységur first described the reactions which they evoked in their subjects, and when Bernheim himself described these phenomena, they regarded them as novel and strange. There was something about them bizarre and mysterious. So that at first they had to contend strongly for the reality of their discovery. It is precisely this mechanical, involuntary, deterministic character of the reactions that occasioned the astonishment of the first observers which in the opinion of Janet warrants reserving the word suggestion in its original sense and using it to indicate "a peculiar reaction of the human mind to certain perceptions: this reaction consisting in the complete development of the tendency evoked, without which this development would be determined through the collaboration of the rest of the personality."

It is necessary to determine with precision in all cases the limits of suggestion. For example: "It is evidently the actualization of a tendency, the transition from the latent state to one representing a higher degree of psychological tension which determines actions. But these actions themselves may have all sorts of degrees of tension and of actualization. . . . The difficulty has been felt with regard to so-called criminal suggestions." Janet believes that, while experiments upon the amenability of subjects to criminal suggestions performed under artificial conditions are inconclusive because of the subject's sense of their unreality, it is unfair to conclude that veritable criminal acts might not also be produced through the mechanism of suggestion. "It is enough," he says, "to observe the genuine acts of patients

to be convinced of this, and facts of this kind have often been described." Janet feels that three cases collected by him are sufficiently clear to bear him out in his view, cases "in which suggestions by word addressed voluntarily to particular individuals in a special mental state determined actual crimes."

This problem of the different degrees of psychological tension and of reality is not limited to the question of criminal acts, it is pertinent to all suggestions. Because an individual lets his arm fall limp at his side, when it is suggested to him that it is paralyzed, one may by no means conclude that experimental suggestions could rapidly produce paralysis upon a great number of persons and under all circumstances. As in the case of spurious criminal suggestions, "the subject knows very well it is only play. . . . It is again a low degree of actualization."

"What characterizes the true paralysis is that it persists in spite of the need the subject has for his arm. . . ." It is its persistence for a long period and under all circumstances which proves its reality, but this test of permanence has not been applied in the case of suggested paralysis.

The question of the duration of suggestions also deserves careful study. Another point of importance is the degree of credence accompanying the actualization of suggestions in the different categories of patients. And finally it is important that we study the degrees of organic modifications really determined by true suggestions.

Janet finally passes in review the three leading theories of suggestion. Of the theory that suggestion is a phenomenon of attention, the conception of Braid, of Hack-Tuke, and of Liebault lately developed by Münsterberg in his "Psychotherapy," Janet makes short work. Suggestion is more effective precisely under conditions of mental abstraction. What is more the suggestibility of patients is observed to disappear when their power of attention is developed.

In discussing the theory which explains suggestion as a phenomenon of docility, Janet gives implicit evidence of a surprising lack of familiarity with the principles of genetic psychology developed by Freud. For it is undeniable that Freud's psychoanalytic researches furnish the strongest material in support of the theory which explains suggestion on the ground of certain unconscious social relationships having their root in the experiences of early childhood. It is characteristic that Janet prefers the theory of Richet, according to whom suggestion is a phenomenon of monoideic automatism, for Richet's is the descriptive theory *par excellence*, and here, of course, Janet is most at home.

It is the incomparable power of description and co-ordination which he brings to the intricate problems of abnormal psychology which is Janet's especial forte. The more philosophical task of analysis requisite to a dynamic appreciation of individual psychology is of course wholly alien to Janet's particular *métier*.

Janet's paper, like Bernheim's, is a discussion of words, which a very little elementary analysis would go far to show the futility of and speed us on to more profitable concern. Janet prefers to use the word suggestion in the more specific sense defined by him. Bernheim likes better to give it the significance of a general term synonymous with mental impression. Argument is to no avail. The matter is not question for an umpire. Each of us will have to make his private selection between the two in accordance with his own subjective predilections. The reviewer leans to Janet's usage, chiefly because as a pupil of Jung's it seems to him to accord with conceptions based upon the principles of psychoanalysis.

On the same ground it is difficult to participate in the view that suggestion is a pathological phenomenon. But let us not raise the question of what we mean by "pathological"!

TRIGANT BURROW

THE VALUE AND THE SIGNIFICANCE OF THE PSYCHOANALYTIC METHOD FOR THE DIAGNOSIS AND TREATMENT OF THE NEUROSES. (*Ueber den Wert und die Bedeutung der psychoanalytischen Methode für die Diagnose und Therapie der Neurosen.*) *Seif. Journ. f. Psychol. u. Neur.* Band XVII, S. 401-411. (*Ergänzungsheft.*)

SEIF'S paper condenses admirably the clinical bearing of Freud's psychological conceptions. It is a direct, practical statement of the dynamic viewpoint in psychopathology, and is presented without the least trace of subtlety or extravagance. But even so, one looks upon the undertaking with misgivings; for it is a thankless one, this of attempting to win over to Freud's platform even the most enlightened and tolerant of audiences by mere precept and example. To those who have spared the time to devote a considerable period to a quite earnest and exclusive study of Freud's psychology of the unconscious, the inherent difficulties of Seif's task are patent. Indeed "difficulties" is but a lame word. Rather is it a task that is of its very essence foredoomed to failure. By the conditions of the premises it must be so. "Else," as Seif says, "it were, after all, a false theory of Freud's that resistances against sexuality exist in the healthy . . . as well as in the neurotic." Of course,

then, he tells his audience, he cannot expect that his words will carry conviction. Were it so, the whole Freudian structure would collapse. For the whole matter in question, Seif substantially says, is precisely the universal repression of the entire affective sphere residing under the dominion of sexuality. Is it any wonder, then, that my hearers who enjoy no peculiar exemption from this all-pervading social complex should betray *their* resistances by peremptorily rejecting, without more ado, the thesis here defended?

Here is an *argumentum ad hominem* with a vengeance! And one may imagine with what choler Freud's opponents listened to these searching incriminations. But as if this were not enough, the author adds the unmitigated affront of suggesting to his audience that the way of atonement lies in an analysis of themselves!

At a distance of safety one's fancy is stimulated by the dramatic interest of the ensuing scene. Fancy the sour raspings with which this odious unction is rebuffed! But gall and wormwood though it be, it is none the less true that self-analysis is the indispensable ceremonial of initiation into the psychoanalytic mysteries and it is precisely this preliminary ordeal to impalement that makes of us all such refractory goats!

Seif is perfectly frank. He by no means presumes to take the high ground of a cabalistic wiseacre and assume a snobbish superiority. Not in the least. On the contrary, he owns quite honestly that he was for many years in precisely the same case with the dissenters, that he was at first equally averse to a system of psychology which made of the *vita sexualis* its solar center. All this he readily admits. But insists, on the other hand, that increasing familiarity with the psychoanalytic method has convinced him more and more of the inherent validity of its central issues.

The author is wise enough, too, to admit that future investigation may find it necessary to run the blue pencil through certain passages of Freud's present-day dicta. From all which it is seen that Seif's attitude is an entirely dispassionate one. Like Jung, his plea is merely for the recognition of the working hypothesis which Freud has given us, and for the acceptance of whatever of Freud's deductions may be regarded as shown empirically to be well based.

Seif brings to psychoanalysis a sane scientific conservatism. He is of those who have taken the precaution to keep on safe ground.

TRIGANT BURROW

THE CLINICAL DIFFERENTIATION OF NEURASTHENIA AND THE PSYCHONEUROSES, INCLUDING HYSTERIA. *Bernheim. Jour. f. Psychol. u. Neur.* Band XVII, S. 317-319. (*Ergänzungsheft.*)

At the conclusion of his paper Bernheim tersely sums up the substance of it. "To resume," he says, "psychotherapy cures the psychoneuroses, but it does not cure organic diseases; it may sometimes cure toxic disorders developed from anxiety states, by correcting the latter; but it does not cure a true neurasthenia nor a psycho-neurasthenia, conditions having always an auto-toxic origin."

In thus differentiating neurasthenia from the psychoneuroses Bernheim is in full accord with Freud. Both are here returning to etymological ground. They demand that "neurasthenia" mean what it purports to mean; that it stand literally for the condition it describes, namely, a depleted state of the nervous system, a fatigued condition of the neural elements, a modification representing a morbid physiological process. So that in contradistinction to the psychoneuroses which are due to psychogenic factors neurasthenia is for Bernheim as for Freud, a disorder due to psychogenic factors.

Thus far Bernheim and Freud go hand in hand. Their ways divide when they come to the practical business of sorting the manifold disease-entities occurring within the nebulous realm of "nervous manifestations." Freud is exceedingly chary of admissions into *his* group of etymological neurasthenias. Bernheim is more liberal. Like the vastly greater number of psychopathologists he regards a high percentage of nervous patients as eligible to the class of physiogenic disorders commonly subsumed under the term "neurasthenia," and, like them, enrolls a large number.

The explanation of the disparity in the views of the two investigators is clear. Freud has discovered and employed a method whereby certain morbid conditions of a presumably physiologic origin are proven to be psychogenic in character — his psychoanalytic method. Having such a method at his disposal Freud very naturally is enabled to differentiate a greater number of such psychogenic disorders than one not in possession of this diagnostic means. Precisely as the bacteriological expert is in a position to demonstrate a greater number of diseases of bacterial origin than one not adept in the usage of bacteriologic technique.

One is surprised at Bernheim's rather premature statement that the true neurasthenias, psychasthenias, and psycho-neurasthenias are invariably of an auto-toxic origin. This view is as yet wholly unbased. As Forel said in the discussion, "It is pure

hypothesis." "Until the microbe or toxine has been discovered . . . such assertions are wholly in the air."

In Bernheim's statement that "all so-called hypnotic phenomena are only suggested psychoneuroses," one detects a distinct Freudian ring. One thinks of Ferenczi's brilliant essay, "Introjection und Uebertragung," in which he so masterfully shows the subjective agreement between the psychic state induced by hypnosis and that obtaining in the unconscious fancies preserved in the latent memories of early childhood.

What especially excites the reviewer's criticism toward Professor Bernheim's paper, as well as toward the discussion following it, is the glaring illustration here offered of the inveterate tendency of the medical mind to paraphrase symptom-complexes with Greek names, and then, apparently forgetting that such designations are employed merely as symbols of subjective impressions, to reverse its course completely and spend hours in futilely arguing their "meaning." As if such conceptual connotations could ever mean anything but what, in the privacy of the speaker's own consciousness, he intends they should mean by reason of *his* interpretation of the data symbolized by them!

But to take up the cudgels against this ancient fallacy is to overstep the bounds of the reviewer.

TRIGANT BURROW

AN EXPERIMENTAL CONTRIBUTION TO THE PSYCHOPATHOLOGY OF DISTURBANCES IN THE INTERNAL ATTENTION-POWER. (*Experimenteller Beitrag zur Psychopathologie der Merkfähigkeitsstörungen.*) *Joseph Julius Prager, Jour. f. Psychol. u Neurol.*, Bd. xviii, Ht. 1 u. 2, Feb., 1911, S. 1-22.

AFTER a brief sketch of some of the work previously done in this direction (namely by Schneider, 1901, Krauss, Finzi, Brodmann, Boldt, Gregor, Goldstein, 1906), Prager sets forth the method used by Pappenheim for the diagnosis of this peculiar form of derangement in the intellectual processes. By the psychoanalytic method Jung has shown defects in the accuracy of the reproduction of associations, and Pappenheim devised the plan of having the patients immediately repeat the association, the proportion of changes apparently indicating the degree of "loosening" in the basal associative processes of the brain. This percentage varied between fifteen and eighty-five, the maximum relating to elderly persons ill with functional or organic brain disease.

Prager's research, extending Pappenheim's work, was made

upon five patients — three women and two men — whose ages were respectively sixty-four, fifty-six, seventy-four, fifty-four, and seventy-six years. Each subject in the association-reaction experiments gave from one hundred to one hundred and fifty double reactions, Jung's scheme of test-words being employed.

The work set out to answer two questions particularly: 1, Is there in psychoses characterized by disturbances in the internal attention (Merkfähigkeit) a defect in the association-process? and 2, Can we demonstrate by association-experiments (in particular by Pappenheim's presented method of immediate repetition) phenomena characteristic of these disturbances? The five patients seem to provide material for answers to these questions. For example, their respective mean reaction-times for association were long: 4.9, 3.2, 4.0, 10.9, and 5.0 seconds. The percentages of different associations in immediate repetition were respectively 86; 33; 70, 62, 60, 42 (four series of experiments); not stated; and 8. The other individual differences in these five patients, in relation to their association records especially, make interesting reading but are too long to be reported here.

In general, it appears that in the two tests (the first association and immediately its repetition) reactions of like meaning nearly always occurred in shorter time than those that were of different sense. This is shown in the following table derived from the five patients:

	Similar reaction	Second short reaction	Second short reaction		Similar reactions		
			In like reactions	In unlike reaction	Shorter time	Average time	Longer time
Frau K.	14	18	12	6	1	1	
Frau B.	50	28	23	5	10	17	
Frau H.	34	17	14	3	13	6	1
Herr F.	33	17	14	3	9	5	6
Herr H.	26	12	11	1	10	5	

In reply to the two questions proposed for answer by the experimental work, Prager concludes: "With every disturbance of the noticing-faculties (Merkstörung) there is necessarily connected a derangement of the association-process, both being apparently symptoms of disintegration underlying association. Association-experiments, according to Pappenheim's method of immediate repetition, allow us to plainly recognize both of these conditions by the large proportion of different associations obtained as well as by the relatively shorter reaction-times in the similar associations."

Besides these two main results there are several things of minor psychologic and physiologic interest in this report of

Prager's work, but their discussion comes hardly within the limits of this review. The original paper merits the careful perusal of those especially interested in these very obscure and recondite processes of the cognitive phases of the mind and brain.

Methods similar to this seem to be teaching us more just now than the no less scientific but slower delving into neural chemistry and physics.

GEORGE V. N. DEARBORN.

THE PSYCHOPATHOLOGY OF EVERYDAY LIFE. *Ernest Jones. American Journal of Psychology.* October, 1911. Vol. XXII. P. 477.

This paper contains a detailed exposition of the topics dealt with by Freud in the book of the same title. The principal thesis of this is that certain inadequacies of our mental functioning, and certain apparently purposeless performances, can be shown by means of psycho-analysis to have been determined by motives of which we were not at the time aware. The occurrences in question have the following characteristics in common: They belong to what may be called normal behaviour. They are only temporary disturbances of a function which at another moment would be correctly performed. Their incorrectness is at once recognized as soon as attention is drawn to them.

The defects in question may be divided into motor and sensory (in the neuro-biological sense of the terms). Those of the former class that enter into consideration are two: (1) The erroneous carrying out of an intended purpose. This includes such things as slips of the tongue, slips of the pen, and the erroneous carrying out of more complicated actions. (2) The carrying out of an unintended purpose, actions that are done automatically and are hardly noticed by the person. The defects of the second class are also two: (1) Simple failure of perception. This includes numerous acts of forgetting matters or names that one knows quite well, omitting to do something one intended to, etc., and also more directly sense symptoms, such as overlooking something or somebody that at another moment one would certainly notice. (2) Erroneous perception. Instances of this are false recollection, i.e., errors in memory, and false visual perception, i.e., mistakes in seeing. In each class the distinction between the two kinds of defect is not sharp; in the latter one, for instance, a failure to remember is always accompanied by an over-prominent

remembrance of some associated memory, a false recollection which may or may not be recognized to be such. Further, the distinction between the two classes themselves is not a sharp one, both motor and sensory processes playing a part in many instances; thus, in the mislaying of objects, the object is first misplaced, and then the memory of the act is forgotten.

Common to all forms is the fact that the subject, and most observers, either give an obviously inadequate explanation of the particular occurrence, such as that it was due to "inattention," "absent-mindedness," "chance," and so on, or frankly maintain that it has no mental explanation at all. On the contrary, psychoanalysis shows not only that there is a definite psychical cause for the occurrence, but that this has always a logical meaning, and may strictly be called a motive. This motive is some secondary tendency or train of thought, of which the subject is not aware at the time. Usually it is fore-conscious, but in many cases it is unconscious, and then is correspondingly more difficult to reveal; in most cases there are both a fore-conscious and unconscious motive, which are associated with each other. The motive is repressed by the subject, either at the moment or permanently, the repression being a defence-mechanism that subserves the function of keeping from consciousness undesirable, disturbing, or painful thoughts. The motive may be one of two kinds: either it is a counter-impulse directed immediately against the mental operation that is intended, or it is an impulse directed against some mental tendency that stands in some associative connection with this operation; that is to say, the association between the two mental processes may be either intrinsic or extrinsic. As a result of the repression any direct manifestation of the tendency is inhibited, and it can come to expression only as a parasitic process engrafted on another, conscious one. The disturbance thus caused constitutes a temporary failure or error of normal mental functioning.

This error can psychologically be compared with a psychoneurotic symptom, the mechanisms by which the two are brought about are almost the same, and the psychical material that is the source of them is closely similar in the two cases. It is maintained that appreciation of the significance of these everyday errors is important for both the practice and theory of psychology; this is especially so in the contribution it furnishes to the problem of psychical determinism, and in the understanding it gives of the deeper, non-conscious motives of conduct. It further throws a valuable light on certain social problems, notably the question of mutual misunderstandings in everyday life, and on the importance

of affective influences in forming decisions and judgments. The paper is accompanied throughout by a number of illustrative examples.

AUTHOR'S ABSTRACT.

THE RELATIONSHIP BETWEEN DREAMS AND PSYCHONEUROTIC SYMPTOMS. *Ernest Jones. American Journal of Insanity.* July, 1911. Vol. LXVIII. P. 57.

The clinical and psychological relations between dreams and psychoneurotic symptoms are much closer than is generally suspected. They are here classified into the following four groups:

General Characteristics. Both dreams and neurotic symptoms frequently present the appearance of bizarreness and incomprehensibility, which, however, is due to the fact that they are the disguised and distorted products of underlying thoughts that have a perfectly logical meaning. Both have a remarkable tendency to become either forgotten or else falsified in the later memory. They are intimately connected with the subject of superstition.

Clinical Relations. Neurotic symptoms may actually date from a given dream, though in this case they both have a common cause in some buried thoughts. Certain symptoms even in their external appearance strikingly resemble dreams, and in fact are known as dream-states. Neurotic symptoms, such as fears, may occur in dreams, and then the analysis of the latter affords an easy access to the meaning of the former.

Psychological Structure. Both dreams and neurotic symptoms are compromise-formations, and result from the conflict produced by the interaction of two opposing sets of forces. The individual mechanisms by means of which the structure is built up are identical in the two cases; such are the condensation, displacement, neologism-formation, reversal, and so on.

Latent Content. The material obtained by superficial study of the sources of dreams and neurotic symptoms appears to be quite heterogeneous, and the conclusion may hastily be reached that the latent content, or underlying thoughts, has no characteristic features. On the contrary, the true latent content, which lies deeper than this material, is found to be specific and homogeneous, and to present the following constant features in both cases. (1) The latent content is always unconscious, that is, it consists of mental processes of which the subject cannot become aware by direct introspection, but only by means of certain indirect modes of approach. (2) These mental processes are never indifferent to the subject, but are highly significant, and have

been repressed into the unconscious on account of their being unacceptable to the conscious mind. (3) The latent content is of infantile origin, later additions being merely reinforcements of earlier infantile trends. (4) It is always of a sexual nature. (5) It consists of an imaginary gratification of one or more repressed wishes.

Of great practical importance is the fact that in many cases the latent content of both dreams and neurotic symptoms is identical; that is to say, the mental causes of a neurosis will sooner or later also come to expression in the patient's dreams. This is equally significant for pathology and therapeutics. A knowledge of the nature, mechanisms, and meaning of dreams is indispensable for the understanding of the psychoneuroses, and also of the psychoses. Nothing better demonstrates the unity of the laws applying to both normal and morbid processes than does the study of dream life. This study is of value to therapeutics in two ways. First it provides the readiest and most direct route to the patients unconscious, where the conflicts are taking place that form the basis of the surface symptoms, and this deeper knowledge and comprehension of the sources of the disorder of itself puts one in a better position to deal with them. Secondly, the mere carrying out of the dream analyses is a therapeutic measure of very great value, for it cannot be done without to some extent overcoming the resistances that are maintaining the neurosis. Dream analysis is the most important part of the psycho-analytic method of treatment.

The differences between dreams and neurotic symptoms are next discussed, and it is pointed out that these are less fundamental than might at first sight appear. Dreams are the neurosis of the healthy, just as a neurosis is the dream of the invalid. Fourteen examples of dream-analysis are related so as to illustrate each of the above-mentioned points.

AUTHOR'S ABSTRACT.

THE PSYCHOLOGICAL METHODS OF INVESTIGATION. (*Die psychologische Untersuchungsmethoden.*) *Sommer. Klinik für psychische und nervöse Krankheiten.* 1911. Band VI. Heft 3. S. 205.

In this paper, which formed part of a symposium at the 1911 meeting of the German Psychiatrical Society, Sommer gives a valuable review of the present-day methods of psychological investigation, particularly those applicable to psychiatry. He confines himself largely to those methods that have been dis-

covered or extended within the past eleven years. These he groups as follows:

1. *Representation of Optical Phenomena.*

This includes improvement in photographic technique, cinematography, and stereoscopic methods.

2. *Expression of Movements.*

A. Dynamometry. Sommer discusses and criticizes Weiler's principle of dynamometry, and the modifications of Mosso's ergograph.

B. Experimental Physiognomy. Methods for registering synergic phenomena in regard to (a) the frontal muscles, (b) the ocular muscles, (c) the movements of laughter.

C. Speech Processes. (a) Rousselot's method for representing the movements of the vocal cords; (b) Garten's soap-bubble process for registering whispering movements; (c) Phonographic studies of speech.

D. Body Posture. Varieties of the three-dimensional methods, which have also been applied to the study of handwriting.

E. Vasomotor Methods. Sphygmographic errors can be excluded by registering the pulse beats as a series of sounds (pulsophone). Errors have been found in plethysmographic work through the importance of complications due to muscular action having been determined. Marbe's flame method of noting changes of pressure is referred to.

F. Secretory Methods. Sommer hopes much from an extension of Pawlow's line of experimental work to clinical problems, such as the gastric disturbances of different forms of neurosis, etc.

G. Cutaneous Electrical Methods. A number of problems are discussed in connection with the psycho-galvanic phenomenon.

3. *Reflexes.*

A. Knee Jerk. A number of special apparatuses have been devised in the past few years for the more exact study of this typical reflex, the work of Weiler and Pfahl being the most valuable and extensive.

B. Pupillary Reflex. Weiler's and Bumke's work is shortly mentioned.

C. Investigation of Simple Psychical Reflexes. Under this heading Sommer includes (a) optic motor processes, (b) acoustic motor processes, (c) tactile motor reactions, (d) reactions to heat and cold stimuli, (e) olfactory stimuli.

4. *Laboratory Arrangements.*

A number of technical improvements in laboratory fittings are pointed out.

5. *Pure Psychological Methods.*

A. Investigation of Speech Processes. This especially refers to the work of Wernicke's successors, such as Liepmann, on the relation of disturbances of speech (aphasia) to organic brain disease.

B. Investigation of Orientation. The distinction between true and apparent confusion, and similar matters.

C. Investigation of School-knowledge. Two methods are mentioned, the first one, which is better suited for psychiatrical work, being the use of a small number of selected questions; the other, better suited to pure psychological work, being an inventory of the whole field of knowledge.

D. Arithmetical Capacity. It is not the number of mistakes made so much as the kind of mistake that is of interest for clinical purposes.

E. Memory. The apparatuses of Ranschburg and Wirth are discussed. The chief progress here is due to Stern's work on false testimony, especially carried out with children. This direction of work has a great clinical and legal future.

F. Intelligence. The recognition of the frequency of pseudo-intelligence has complicated this problem. In the study of imbecility it has been found that the great variety of intelligence defects and the fact that this represents only one component of the mental disorder have shown the matter to be far more complex than was previously thought.

G. Associations. Enormous progress has been made in this sphere, but the subject is omitted here for want of space.

H. Complexes of Ideas. The importance of Jung's work is more and more recognized, and of the effectivity of complexes there is no doubt.

J. Psycho-analysis. Sommer appears to agree with the principles of this, and of the pathogenic importance of sexual complexes in certain cases, but he disapproves of the tendency to generalize this latter finding.

K. Character Moods. Much useful work has been done in this sphere.

6. *Individual Psychology.*

In a single paragraph Sommer calls attention to the importance of this subject for psychiatry, and lays stress on the study of character anomalies previous to the outbreak of mental disorders.

7. *Psychology of Descendance.*

In this field Sommer himself has been a pioneer. He calls attention to the various fallacies that have to be avoided in such work, and the methods whereby it can be pursued.

8. *Criticism of the Mystical Direction in Psychology.*

Sommer urges that science should no longer ignore, but should critically examine such matters as clairvoyance, thought-reading, telepathy, and other spiritistic beliefs. He indicates some of the fallacies to be avoided, and welcomes the work done in recent years on the subject of superstition, magic, evil eye, thought-transference, etc.

9. *Animal-Psychology Methods.*

A short indication is given of the work carried out on this subject.

ERNEST JONES.

A CONTRIBUTION TO THE CASUISTICS OF "PSEUDOLOGIA PHANTASTICA." (*Ein Beitrag zur Kasuistik der "Pseudologia phantastica."*) *Erich Wendt. Allg. Zeitschr. f. Psychiatrie.* 1911. Band LXVIII. Viertes Heft. S. 482.

Delbruck introduced the term Pseudologia phantastica to denote a tendency to pathological lying, where the mixture of direct lying and error is so close that the patient is no longer able to distinguish reality from the creations of his fancy. The condition may be found in various disorders, such as imbecility, paranoia, and so on, but the purest and most classical types of it are usually met with in hysteria.

The fundamental cause of the tendency is not so much the impulse to relate such and such a thing, or to strive towards it, as the irresistible desire to be, to live, to think, to feel, like some other being who is the ideal of the patient's phantasy, in other words, to pose before himself and the world as some one different from his real self. Ziehen explains the symptom as a heightened activity of the phantasy produced under the influence of personal vanity, but Wendt remarks that, since this vanity is after all nothing but the wish to appear as highly favored in some respect or other, and since it is the emphasizing of this wish factor that ends in a complete auto-suggestion, one gets deeper into the essence of the conception in accepting Stemmermann's and Vogt's idea of a Wish-psychosis. In this way under the term pseudologia phantastica is to be conceived not merely the naked picture of pathological lying, but the subjugation of the consciousness of reality by the morbid Wish of the phantasy. The true memory of real experiences appears in the phantasy, but only as an island, as in

a misty dream. This may even result in a double consciousness where the real and the wish form of life course side by side, or alternately, the second form being the dominant one. Wendt then discusses the practical relations of the condition to criminality and to medico-legal questions.

A case is then narrated at length. The patient was a student of law, aged twenty-two. The morbid condition, although resting on constitutional grounds, appeared periodically on three occasions the first of which was at the time of puberty. On the last of these the condition was much exaggerated, the patient posed as a count, conducted himself accordingly and ultimately came into conflict with the law over money matters. He imagined himself possessing all sorts of enviable attributes, and quite confounded reality and fiction. Wendt discusses the clinical diagnosis, especially between paranoia, mania, and hysteria, and considers the case to be more nearly allied to the last named. He finally deals with the legal and prognostic aspects of the case.

ERNEST JONES.

DE L'ATTENTION. *E. Rignano. Scientia.* Vol. X, No. 20, 1911.

This paper constitutes the first part of the author's contribution to the subject of attention. Attention is one of the most important of mental phenomena and consists of certain reactions to distance receptors by which the organism is maintained in a longer or shorter state of suspense. Phylogenetically, many of these states of suspense or attention arose from memories of past deceptions to which the organism had been subjected. Frequent deceptions gave rise to certain useless, consumatory acts, therefore the failure to react in a certain manner produced antagonistic acts or a maintenance of the organism in suspense. It is precisely this state of suspense which constitutes the state of attention. This theory of the evolution of attention is similar to Jenning's theory of the birth of intelligence arising from the "method of trial and error" in lower organisms and is distinctly opposed to any mechanistic hypothesis.

Attention, therefore, seems to have evolved from reactions to distance receptors. It is made up of the contrast between two affective tendencies, of which the second, inhibited by the first, ceases its complete activity for a time and is thus maintained in suspense or attention. According to this theory the primary cause of attention seems to be antagonistic affective states, and conversely, there can be no state of attention without this affective antagonism. Curiosity is one of the light forms of this affect-

ive contrast and is a special state of attention produced by new stimuli or circumstances. If this affective activity or interest be reduced to a minimum, attention becomes blunted. When it is reduced to zero, sleep results. because we sleep in the exact measure that we are disinterested. He does not agree with Ribot's theory that motor phenomena are the prime factois in all attentive processes, but thinks that attention is pre-eminently of central origin. The motor elements of attention are merely secondary manifestations and are not indispensable for attentive processes.

Intense attention is concentrated or narrowed on one object and thus produces a state of distraction or mental dissociation. Light attention passes quickly from one object to another. Thus attention safeguards the unity of consciousness, although it is not a necessary condition of consciousness.

I. H. Coriat.

PSYCHASTHENIA AND INEBRIETY. *Tom A. Williams.* National Association of Study of Alcohol and other Narcotics. Atlantic City, June, 1909.

Dr. Williams begins with the consideration of the psychasthenic constitution, how it is acquired, its relation to the need for excitation, how to compensate for psychasthenic insufficiencies, prevention in childhood and youth.

1. Constant interferences with the spontaneous volitions of the child induce mental hesitation and doubt and search for approval before any act is begun, producing a premature and indiscriminate inhibition. Activities thus frustrated find their expression in such derivities as grimaces and tics, morbid fears and mental ruminations and obsessions.

2. The chronic dissatisfaction thus engendered, when once removed by the forgetfulness of narcosis, again seeks this means of terminating itself, and a habit of drug taking is easily formed.

3. The psychotherapy of the psychasthenic state must afford innocuous satisfactions for a desire which is only unphysiological, because of its insistence and lack of correspondence with environment. The most satisfying and permanent of these is work of a definite kind, to call into action and gradually fortify the volitional power. This is best done by motorial and especially productive activities, in which the sight of something accomplished tends to remove the sense of inadequacy and want of achievement felt by psychasthenics.

4. Prophylaxis in childhood and youth against insufficiencies of this kind is best accomplished by games, the interest in which

causes vivid attention and practice in concentrating the full activity upon the task in hand; whence the best guarantee for success in performance and the feeling of personal triumph gained by one's own efforts and not merely imparted by the reflected glory of one's associates. Games must be supervised to guarantee the weaker, who require them most, against the discouragement of their activities by those who excel them.

AUTHOR'S ABSTRACT.

REVIEWS

THE WORLD OF DREAMS. *By Havelock Ellis.* Boston, 1911. Houghton, Mifflin & Co., pp. 288.

In this popular study of the nature and genesis of dreams, Havelock Ellis approaches the dream problem by the introspective method, although, as must be evident in a book intended for popular reading, he does not enter into the details of psychoanalysis. The dream mechanisms discussed are chiefly those of normal dreaming. According to the author a large majority of dreams originates in tactile, auditory and even visual peripheral stimuli. This furnishes the main theme of the book. Concerning the actual mechanism of the dream, however, that is, the dream work and the transformation of these peripheral stimuli into dreams, he leaves us in the dark. It seems strange that he does not devote more space concerning pathological dreams and their value as a most convenient method for exploring the unconscious, as such details would interest the popular mind and could be given without entering into the finer technique of psychoanalysis. Although he gives a most interesting account of the psychology of dreaming, yet we cannot agree with his contention for the peripheral origin of all dreams, as the result of all psychoanalysis strongly militates against a theory of this sort. He rightly discards any supernatural element in dreams, such as prophecy or premonitions of the future. In turn, he discusses motion, aviation, symbolism, and memory in dreams, and he insists on the evolution of myths and folk lore as arising out of the dreams of primitive man, a point which has recently been elaborated by the followers of Freud. As must be expected in a popular book, one misses any profound psychological analyses of dreams. He points out, and here we agree with him, that the introspective method of dream study is far more valuable than the experimental or statistical method. The portion of the book devoted to Freud gives an interesting but rather condensed account of his work on dreams, and we note with interest that he disagrees with Freud in not interpreting all dreams as an imaginary wish fulfillment, a tendency which must force itself upon any one who has had any practical experience with the psychoanalysis of dreams. The wish is not the fundamental and positive element in dreams, because the unconscious may have other functions beside wishing, such as fear, mental conflicts and even non-fulfillments of wishes.

He divides dreams into the peripheral or presentative group, excited by a stimulus from without and a central or representative

group, having its elements in conscious or unconscious memories. However, he almost completely rejects the latter type and believes that all dreams have received their initial stimulus from some external or peripheral source or some internal organic stimulus. We cannot fully agree with this viewpoint, although admiting at the same time that some dreams may have a purely peripheral origin. This, however, at once plunges us into the immense difficulty of interpreting how an elementary external stimulus can be transformed into an elaborate or complex dream, particularly since, in sleep, there is an almost complete absence of external stimuli.

The dreams of flying (aviation dreams), he interprets as due to the diminished state of tactile pressure in sleep, and not, as Freud claims, for instance, in his analysis of Leonardo da Vinci, to a concealed sexual wish. Sometime the same symptom is found in hysteria, that is a sensation of abnormal lightness of the body due to the tactile anaesthesia. This is evidently the explanation of the hysterical ecstasy, which played so great a part in the sensations of levitation in the religious manifestations of the medieval saints. On the whole, the book is clearly and interestingly written, is full of interesting material, and furnishes an excellent introduction for the lay reader to the scientific study of dreams and their mental mechanism.

I. H. Coriat.

SCIENTIFIC MENTAL HEALING. *By H. Addington Bruce*, [*M.A.*] Boston. Little, Brown and Company, 1911. Pp. ix, 258.

This readable book is made up of eight chapters, four on the history and methods of psychotherapy, one on dissociated personality, one on some of the recent practical applications of psychology, one on psychical research, and the eighth chapter is one of the very numerous appreciations of the great William James. Just about half of the volume, then, deals with mental healing, and to very many people it will serve as a relish for more, for it is written in a clear and simple style with variety of fact and illustration and the subject already is a reasonably large one.

The first chapter, "The Evolution of Mental Healing," points out the probable usefulness of hypnosis among the early Egyptian, Indian, and Chinese priesthood; deals briefly with Mesmer, Braid, Liébeault, and others, and very properly proceeds to give to Quimby the credit due him for his influence on the mental healing culture of our own day. The two chapters following, "Principles and Methods" and "Masters of the Mind" by name,

are devoted to the more recent developments of psychotherapy, and to the medical specialists who have placed it on its present scientific foundations. Mr. Bruce does not fail to emphasize the essential supremacy of "psychic re-education" in the successful method of to-day's practice, nor the claims of Morton Prince in this direction. "In reality," he says, the "palm should be awarded to Dr. Prince, who was making use of psychic re-education as early as 1890, and as long ago as 1898 published a detailed explanation of its principles and warmly advocated its use in the treatment of neurasthenia and other widely prevalent nervous disorders." "... the labors of Janet, Freud, Prince, Sidis, and their fellow psychopathologists have opened a new era in the practice of medicine."

Two paragraphs in these two chapters are so important, and withal so well put, that we may venture to quote them, especially since they illustrate the author's excellent judgment in general: "Both the scientific psychotherapist and the faith healer make use of suggestion to attain their ends. Both get results, for the reason that suggestion even when utilized by an untrained practitioner is frequently powerful enough to bring about seemingly miraculous restorations to health. But whereas the non-scientific psychotherapist, with few exceptions, applies suggestion indiscriminately to all manner of diseases, the scientific psychotherapist recognizes that it is by no means a cure-all, and that even in cases where it is beneficial a thorough, accurate diagnosis is often indispensable to a perfect cure."

The fourth chapter deals with "Hypnotism [as] a Therapeutic Resource," and the fifth with "Secondary Selves," in an interesting but generally familiar way.

Applied psychology, next briefly discussed ("Psychology and Every-day Life"), (but to a wholly inadequate extent, save for a magazine article, which in fact it is), "surely does not need a prophet to foresee that it has a wonderful future before it."

The next chapter ("Half a Century of Psychical Research") is certainly one of the best summaries of the present status of this great question that can be found. It brings to a focus, for example, the opposition between the telepathists and the true spiritualists in a clear way that cannot fail to satisfy and enlighten a large number of readers.

The final essay ("William James — An Appreciation") is one more of the many earnest published documents evidencing the great and inspiring human heart of the lamented philosophical psychologist, who died last August. "He is gone — gone to that

unseen world whose mysteries he so patiently explored in the hope that mayhap from the exploration he might gain 'balm for men's souls.'" These are good words about one of Nature's noblemen, and constitute a fit climax to a book whom very many will certainly enjoy, and enjoying profit by.

Bruce's "Scientific Mental Healing" seems to the present reviewer the best for popular perusal of all the books in the market.

George V. N. Dearborn.
Tufts Medical and Dental Schools.

ZENTRALBLATT FÜR PSYCHOANALYSE.

HEFT 5–6

S. 187. *Freud.* NACHTRÄGE ZUR TRAUMDEUTUNG. A short contribution on symbolism in dreams. Freud relates several dreams from his recent experiences in which the interpretation of the symbolism was particularly convincing.

S. 193. *Riklin.* EINE LÜGE. An interesting episode from daily life. It concerns a case in which a servant was falsely accused of theft, and in which she told a very meaningless lie. The article is particularly well worth reading for the fine analysis.

S. 200. *Sadger.* IST DAS ASTHMA BRONCHIALE EINE SEXUALNEUROSE? It has long been known that many cases of bronchial asthma belong to the anxiety neurosis group. Sadger gives here a detailed analysis of such a case. He maintains that asthma, neurotic œdema, membranous colitis, etc., are not strictly speaking of psychogenic origin, but are instances of the condition recently termed by Freud "sexual neurosis," where the physical predisposition (of a sexual nature) plays the essential part in the ætiology.

S. 214. *Alfred Adler.* BEITRAG ZUR LEHRE VOM WIDERSTAND. Adler traces the patient's resistance to the doctor fundamentally to the contempt for femininity.

S. 220. *Stekel.* DIE PSYCHISCHE BEHANDLUNG DER EPILEPSIE. After some general remarks on the subjects Stekel relates the analysis of four cases. He concludes that many cases of so-called epilepsy are of psychogenic origin and curable by means of psycho-analysis. The characteristic of the repressed tendencies is their criminal nature (derived from sexuality); the attacks replace criminal outbursts.

S. 235. *Hitschmann.* EIN FALL VON SYMBOLIK FUR UNGLÄUBIGE. A convincing example of dream symbolism.

S. 236. *Stekel.* EINE INFANTILE SEXUALTHEORIE. An example of the harmful results of non-enlightenment of children.

S. 236. *Stekel.* Beobachtungen aus der Kinderstube. Brief analysis of a dream which led to the recovery of childhood memories on the subject of Divine punishment, and the origin of these.

S. 237. *Hans Sachs.* Ueber Wort-Neubildungen. Taking a recent book by Spitzer as text, the writer discusses in the light of Freud's views many interesting examples of neologism formation from famous authors, and deals with the question of their classification.

S. 242. *Eibenschutz.* Ein Fall von Verlesen im Betrieb der philologischen Wissenschaft. Analysis of a striking occurrence where a philological authority had read the wrong date of a passage (MCCCL instead of MDCCCL), with a consequent confusion in his judgment.

Ernest Jones.

Heft 7-8

Rosenthal. *Karin Michaelis: Das "gefährliche Alter" im Lichte der Psychoanalyse.* S. 277. Michaelis's book, translated into English under the title "The Dangerous Age," has aroused a widespread interest. Rosenthal gives here a study of it in the light of psycho-analysis. By means of careful comparison of the book with others by the same authoress, she dissects the opinions in it and traces many of them to personal complexes of the writer as revealed in the general trends of her work. Those who are interested in the book are recommended to read this detailed study.

Stefan von Maday. *Der Begriff des Triebes.* S 295. General considerations on the nature of instinct, biologically regarded, with its relation to will and other mental processes.

Von Luzenberger. *Psychoanalyse in einem Falle von Errötungsangst als Beitrag zur Psychologie des Schamgefühls.* S. 304. A short analysis of a case of blushing-phobia. The writer makes some general remarks on the subject of the development of modesty and shame, and calls special attention to the importance of excremental acts in this connection.

Juliusburger. *Ueber einen Fall von akuter autopsychischer Bewusstseinsstörung, ein Beitrag zur Lehre von Kriminalität und Psychose.* S. 308. A study of an interesting case of what might be described as double personality, where the patient suddenly disappeared and behaved in a way foreign to his usual character. It has many points in common with a similar case described by the

reviewer in this JOURNAL (Vol. IV, p. 218). The careful analysis of the patient's motives and general mentality offers an agreeable contrast to the cursory way in which such cases are often reported. The author has also much to say on the subject of criminality, which he regards as arising, in the same way as mental disorders do, from unconscious wish-phantasies.

ROSENSTEIN. *Julius Pikler's "dynamische Psychologie" und ihre Beziehungen zur Psychoanalyse.* S. 316. A general account of Pikler's psychology, which has proved itself to contain many fertile conceptions, and a study of the aspects in which it comes into contact with psycho-analytic work.

EPSTEIN. *Beitrag zur Psychopathologie des Alltagslebens.* S. 326. Four analyses of defects in mental functioning in everyday life (lapsus linguae, losing of objects, etc.)

STEKEL. *Ein Fall von Schreibstottern.* S. 328. An analysis of a case of writing-stammering, a term used to denote a symptom in regard to writing that has every analogy with stuttering of speech. The symptom was clearly shown to consist in a sexualization of the act of writing (a fairly common occurrence) and it represents a mental equivalent of psychical impotence.

OTTO RANK. *Belege zur Rettungsphantasie.* S. 331. This is a valuable contribution to the important subject of "saving-phantasies," the infantile sources of which have recently been pointed by Freud (Psychoanalytisches Jahrbuch. Band II. II e Hälfte); part of the subject has been described by the reviewer in an article entitled "A Forgotten Dream" published in this JOURNAL. Rank presents here a study of several historical cases, and further illuminates the subject with personal considerations.

WULFF. *Kleine Beiträge aus der psychoanalytischen Praxis.* S. 337. Five short analyses of certain symptoms and symbolisms.

PULAY. *Missglückte Gratulation.* S. 342. A short analysis of a lapsus calami.

HEFT 9

STEGMANN. *Ergebnisse der psychischen Behandlung einiger Fälle von Asthma.* S. 377. After briefly referring to several cases of asthma, Stegmann gives a fuller account of two typical ones. He concludes that asthma is a neurosis, a form of anxiety-hysteria, and therefore amenable to psycho-analytic treatment.

MAEDER. *Zur Entstehung der Symbolik im Traum, in der Dementia Praecox, etc.* S. 383. An interesting general account, illustrated by many examples of the nature and occurrence of

symbolism. The article, which should be read in the original, contains also a comparison of the processes known as exteriorization and introjection.

FERENCZI. *Ueber obszöne Worte.* S. 390. This is an article of exceptional importance. It is concerned with the psychical significance not of obscene ideas, but of obscene words, a subject hitherto neglected out of obvious reasons. In actual analysis, however, the importance of it forces itself on the observer. Certain taboo words are so integral a part of various complexes that the accompanying resistances cannot be overcome without dealing with the words themselves. Ferenczi propounds a plausible hypothesis to explain the peculiar characteristics attaching to such words; according to this there is a disturbance of a special sort in the development of speech, owing to which these words retain certain infantile attributes in the same way that Freud has shown visual memories do.

ADLER. *Syhiplidophobia.* S. 400. This paper is intended as a contribution to the significance of phobias and of hypochondria in the dynamics of the neuroses; stress is laid on what the author terms the Sicherungstendenz of neurotics.

FREUD. *Ein Beitrag zum Vergessen von Eigennamen.* S. 407. An analysis of some instances of the forgetting of proper names.

RANK. *Zum Thema der Zahnreizträume.* S. 408. An analysis of a "toothache" dream, confirming Freud's view that such dreams relate to masturbation.

EPSTEIN. *Zur Differentialdiagnose organischer und psy-. . chogener Erkrankung; zugleich ein Beitrag zur Symbolik von Rechts und Links.* S. 411. An analysis illustrating the diagnosis between hysteria and organic disease, and the symbolic significance of the ideas of right and left.

SACHS. *Zur Darstellungs-Technik des Traumes.* S. 413. A dream-analysis illustrating the employment of somatic stimuli in the formation of the dream, and the function of the latter in preventing the stimuli from disturbing sleep.

STEKEL. *Eine merkwürdige Symptomhandlung.* S. 414. Analysis of a particular symptomatic action.

HEFT 10-11

RIKLIN. *Ueber einige Probleme der Sagendeutung.* S. 433. This paper contains an interesting discussion of certain problems in connection with the interpretation of myths. The material considered is chiefly taken from Laistner's well-known work, and thus concerns myths built on the analogy with nightmare experi-

ences. Riklin discusses such matters as the transformation-capacity of demons, the methods of guarding against them, the beliefs in the evil eye, various types of symbolisms, and so on.

Silberer. *Vorläufer Freud'scher Gedanken.* S. 441. Silberer points out a number of instances in which older authors had already given utterance to ideas that we couple with the name of Freud. He cites in particular Schelling, Bulwer Lytton, Kerner, and Wagner.

Otto Rank. *Das Verlieren als Symptomhandlung.* S. 450. Rank gives here a long and detailed analysis of an instance of "accidental" losing of a valuable object, and shows, especially by means of dream analysis, the complicated series of mental processes that lay behind the act; his interpretations received striking external confirmations.

Ferenczi. *Anatole France als Analytiker.* S. 461. Ferenczi here relates a number of remarkable passages from Anatole France that show a keen insight into many of the mechanisms since demonstrated by psycho-analysis.

Pfister. *Hysterie und Mystik bei Margaretha Ebna.* S. 468. Pfister, a Zurich clergyman, presents here a long psycho-analytic study of the mentality of a celebrated mystic. It is a detailed contribution to the close relation between sexuality and religion.

Friedmann. *Eduard Morike.* S. 486. A discussion of some passages from the famous poet Morike having a direct bearing on certain problems of psycho-analysis.

Stekel. *Zur Psychologie des Exhibitionismes.* S. 494. This is an important contribution to the psychogenesis of exhibitionism, the commonest of all sexual perversions, and one that plays a part in the majority of cases of neurosis. Stekel relates it in particular to an unconscious narcissism.

Ernest Jones. *Ein Beispiel von literarischer Verwertung des Versprechens.* S. 496. A quotation of several passages from Meredith's Egoist that reveal a complete appreciation of the significance of slips of the tongue.

Meisl. *Ein Fall von Namenvergessen.* A neat analysis of a case of a name-forgetting.

Reik. *Zur Rettungssymbolik.* S. 499. Discussion of a dream related by Flaubert, which shows a "saving phantasy" of the type explained by Freud.

Von Hartungen. *Die Psychoanalyse in der modernen Literatur.* S. 499. Some passages from Heinrich Mann dealing with psycho-analytic problems.

REIK. *Aus Gustav Flauberts Werken.* S. 501. Quotations of several contributioms of Flauberts to psychological questions.

HEFT 12

JAMES J. PUTNAM. *Persônliche Erfahrungen mit Freuds psychoanalytischer Methode.* S. 533. Reprint of Dr. Putnam's paper published in the Journal of Nervous and Mental Disease, November, 1910.

KARL ABRAHAM. *Einige Bemerkungen über den Mutterkultus und seine Symbolik in der Individual — und Völkerpsychologie.* S. 549. Some short notes on phantasies relating to the mother's body. Of especial interest is Abraham's account of a cult developed by a local religious sect in Russia that strikingly confirms a given symbolism the interpretation of which had previously been made from dream-analyses.

DATTNER. *Eine historische Fehlleistung.* S. 550. Dattner describes at length the occurrence of a very remarkable example of an "accidental" forgetting to insert an all-important word in the law separating the financial relations of Austria from those of Hungary. The matter is not yet settled, but the omission of the word will cost Austria between eleven and fifty-two million crowns. The tendency that unconsciously determined the error was the desire of Hungary, incorporated in her representatives, to profit at the expense of Austria.

DROSNES. *Eine psychoanalytische Organisation zur Verhutung von Selbstmorden.* S. 553. Drosnes discusses the rather utopian possibility of establishing an organization for the prevention of suicide, by means of which despairing individuals could be referred for psycho-analytic treatment. It is now known that the motives of suicide are only in part conscious; no one commits suicide unless the conscious motives (poverty, disappointment in love, fear of disgrace, etc.) are reinforced by deeper unconscious conflicts which the person cannot solve. Every one with experience of the treatment knows how suicide can in this way be prevented, and there is reason to believe that the conclusion could be generalized. But the gulf between ability to help and opportunity to help is not to be bridged in our present society.

FERENCZI. *Reizung der analen erogenen Zone als auslösende Ursache der Paranoia.* S. 557. Such an occurrence must sound most unlikely to those who are unaware of the essential causes of paranoia. Freud has shown that paranoia is a perverted expression of homosexuality, a condition which is perhaps constantly accompanied by over-sensitiveness of the anal erogenous zone.

Ferenczi relates a case in which a local irritative lesion seemed to play the part of an important exciting factor in the development of the psychosis.

HELLER. *Beitrag zur Genesis der Todesahnungen.* S. 560. Forebodings of death may take their origin in some unconscious attraction towards death (suicide ideas). The case here reported does not, however, seem to bear out the author's views.

ED. HITSCHMANN. *Beiträge zur Sexualsymbolik des Traumes.* S. 561. Four short dream-analyses illustrating particular symbolisms.

ERNEST JONES. *Das Problem des "Gemeinsamen Sterbens," namentlich mit Bezug auf den Selbstmord Heinrich von Kleist's.* S. 563. Some persons have a passionate longing to die together with some one they love, the German poet, Von Kleist, being a notable example of this. The motives underlying the desire are very complicated, and an attempt is made here to unravel the deeper ones.

C. G. JUNG. *Ein Beitrag zur Kenntnis des Zahlentraumes.* S. 567. A detailed analysis of the determinants of the figures occurring in two dreams, and showing clearly how complicated are the manipulations of figures that go on in the unconscious.

MAEDER. *Ueber zwei Frauentypen.* S. 573. Two sexual types of women are commonly distinguished in the literature, known respectively as the clitoris type and the uterus type. Maeder gives a description of the characters of the two types, and discusses the psychogenesis of them. The former is characterized by identification with the father, the latter by identification with the mother.

MARCINOWSKI. *Eine kleine Mitteilung.* S. 575. Analysis of a neologism experienced in the state between sleep and waking.

OTTO RANK. *Zum "nachträglichen Gehorsam."* S. 576. This term is used to denote obedience to a long-past command uttered by some one in authority; post-hypnotic suggestion is an example of it (see JOURNAL OF ABNORMAL PSYCHOLOGY. Vol. V., p. 222.) Rank discusses in the light of two instances the employment of the conception in mythology and folk-lore. His interesting analyses throw light upon certain manifestations of the neuroses.

REITLER. *Kritische Bemerkungen zu Dr. Alfred Adler's Lehre vom "männlichen Protest."* S. 580. This is a clearly written criticism of Adler's view that a fundamental process in the formation of neuroses is the desire to become masculine and to despise all feminine tendencies.

ROBITSEK. *Die Stiege, Leiter als sexuelles Symbol in der Antike.* S. 586. Doubt has been cast on Freud's interpretation

of the occurrence in dreams of climbing steps or ladders as a symbol for coitus, and Robitsek brings here evidence from archaeology showing that this symbolism was well understood by the ancients.

Rosenstein. *Beziehungen von Traum und Witz.* S. 587. An instance of the close resemblance between dreams and wit (see Brill, Journal of Abnormal Psychology, October, 1911).

Sachs. *Ein Fall intensiver Traumentstellung.* S. 588. Analysis of a dream neologism formed in a complicated way.

Sadger. *Beiträge zur Sexualfrage.* S. 589. Some experiences of the development of sexual ideas in children.

Wm. Stekel. *Einige Bemerkungen zur Rettungsphantasie und die Analyse eines Rettungstraumes.* S. 591. Stekel gives here an analysis of a dream containing a "saving-phantasy," and calls attention to the fact that it signifies not only an incestuous desire in regard to the parent but also a death-wish.

Wagner. *Ein kleiner Beitrag zur "Psychopathologie des Alltagslebens."* S. 594. Analysis of a mistake in reading the wrong word, with the determining motives.

Ernest Jones.

Jahrbuch für psychoanalytische und psychopathologische Forschungen. Band II. Hälfte II.

S. 389. *Freud.* Beitrage zur psychologie des liebeslebens. 1. ueber einen besonderen typus der objektwahl beim manne. As is generally recognized, choice in love is never quite free; for every one there are certain features in the opposite sex that particularly attract him, and in the absence of which he does not fall in love. With some people these "conditions" of love are much more specific and sharply defined than with others. Freud here describes a special type whose love affairs show the following characteristics:

1. Early in life a striking separation is effected between two extremes, so that they are only attracted by either, on the one hand, an exceedingly pure, idealistic type of woman, about whom, they do not venture to have sexual thoughts, or, on the other hand, by the commonest kind of women, particularly prostitutes.

2. They cleave to their mistress with the greatest fidelity, and cannot bring themselves to part from her. Once having done so definitely, however, they show a tendency to develop a series of love affairs, in each of which their attitude is exactly that just mentioned.

3. They are interested only in women who are not free, but

who already belong to another man (engagement or marriage), and who (4) have a bad reputation in sex matters.

5. They have the craving to win such a woman's love, in order to rescue or save her.

These seem very disparate characteristics for one man to have, but Freud shows that they are not disconnected, as they at first sight appear, but that they have a common origin, and are merely different manifestations of the same underlying tendency. He gives a very interesting study on the meaning and development of each of these characteristics.

S. 398. *Rosenstein.* DIE THEORIEN DER ORGANMINDERWERTIGKEIT UND DER BISEXUALITÄT IN IHREN BEZIEHUNGEN ZUR NEUROSENLEHRE. Several years ago Adler published a book, the main thesis of which was that certain maladies, including the neuroses, originate in defective development of particular organs (eye, heart, bladder, etc.), which from general sensitiveness, and in other ways, obtained an excessive psychical importance. At the same time Fliess in another book traced the same group of maladies to an incomplete differentiation of the two opposite components of the normal bisexual predisposition. Rosenstein here points out how the two views supplement each other, and make possible a deeper insight into the origin of the neuroses.

S. 409. *Sadger.* UEBER URETHRALEROTIK. This is a highly important contribution to the subject, first opened by Freud, of individual erogenous zones. Sadger describes how the act of micturition may become closely associated with sexuality, and discusses at length the results of this in childhood phantasies, in later specific character-reactions, and in individual neurotic symptoms; many such symptoms, e. g., enuresis, pollutions, psychical impotence, etc., cannot be properly understood without taking into consideration this their deepest source. The article deserves careful study.

S. 451. *Robitsek.* DIE ANALYSE VON EGMONTS TRAUM. An interesting and clearly written study of an episode in Goethe's Egmont, namely, the hero's dream on the night before his execution. Through the dream the frightful depression at the thought of the morrow's event is changed into an ecstatic exaltation of triumph. Robitsek analyzes the individual features of the dream, and shows how the symbolism of freedom, victory, and so on, are transformations, suitable to the urgent occasion, of various pre-existing unconscious phantasies. The function of the dream in replacing one mood by its opposite is particularly evident.

S. 465. *Otto Rank.* EIN TRAUM, DER SICH SELBST DEUTET.

This is the fullest, and one of the most valuable, dream analyses yet published; it occupies seventy-six pages. The dream itself was remarkable in the fact that the second half of it, dreamed later in the same night, constituted a complement of the first, and, as the writer says, interpreted itself. Those who doubt the validity of Freud's theory of dreams are recommended to read this important paper.

S. 541. *Silberer.* PHANTASIE UND MYTHOS. This is a detailed study of the precise psychological characteristics of phantasy, myths, religion, and allied subjects; the conclusions cannot be shortly stated.

S. 623. *Bleuler.* DIE PSYCHANALYSE FREUDS. This has also been published in book form, so that a separate review of it will be given.

S. 731. *Otto Rank.* BERICHT ÜBER DIE ZWEITE PSYCHOANALYTISCHE VEREINIGUNG IN NÜRNBERG, MARZ, 1910. An abstract of the papers read at the second international congress for psychoanalysis.

S. 743. *Jung.* ZUR KRITIK ÜBER PSYCHOANALYSE. A polemical article on various criticisms of psychoanalysis.

ERNEST JONES.

JAHRBUCH FÜR PSYCHOANALYTISCHE UND PSYCHOPATHOLOGISCHE FORSCHUNGEN. Band III. Erste Hälfte. 1911.

FREUD. *Formulierungen Über die zwei Prinzipien des psychischen Geschehens.* S. 1.

This short paper is one of Freud's characteristic cameo-like productions in which is presented in a highly condensed form the results of years of thought and study. It is one of his most valuable contributions to pure psychology, but it is exceptionally hard to render the gist of it in an abstract, not only because it itself is written in almost abstract form,— it is only seven pages long,— but also because it is based on the most difficult part of his psychology, as expounded in the last chapter of the Traumdeutung. Freud here formulates mental activities in terms of two main principles, the pleasure principle and the reality principle. In the neuroses the preponderance of the former, the withdrawal into a life of phantasy away from too painful reality, has been noted by a number of observers (compare Janet's work on the failure of the *fonction du réel*). Freud regards the pleasure principle as the primary and fundamental one, characteristic of the mental life of the child and of primitive man. It is gradually replaced by the reality principle, on account of the greater prac-

tical value of the latter. Mankind is loath, however, to renounce the former altogether, and not only returns to it under certain circumstances (disappointment with actual life, etc.), but has to allow it a certain place in his regular mental life (the analogy of Yellowstone Park being preserved from the effects of civilization is here adduced). In the light of this development Freud then discusses the effects of it, and the nature and genesis of various mental attributes, such as consciousness, memory, judgement, attention, thought, and so on. The bearing of the conception on the aims and nature of science, religion, education, and art is also pointed out.

FREUD. *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia (Dementia paranoides).* S. 9.

This detailed study of the psychological problems of paranoia ranks at the side of the two monographs on anxiety-hysteria and the obsessional neurosis that Freud has published in earlier numbers of the Jahrbuch. In it is put forward a complete psychological theory of paranoia. It is illustrated by a lengthy consideration of the well-known autobiography published not long ago by a victim of the disease, Dr. Schreber. According to Freud, and on the basis not only of his own analytic experience but also that of Jung and Ferenczi, the chief mechanism responsible for the symptom-formation in paranoia is that of projection, the central conflict concerns a homosexual wish-phantasy, and the characteristic of the disease lies in the peculiar mode of defence adopted against this repressed phantasy. In the passage of the normal child from auto-erotism to object-love there is a stage in which, when the auto-erotic impulses are being grouped into a unity so as to seek an external object, the first object utilized is the individual himself, a condition known as narcissism. The passage from this to normal heterosexuality leads over homosexuality, *i.e.*, the choice of an external object having attributes similar to those of the individual in question. At any stage in this normal development an arrest or fixation may take place, an event of great significance for his later life and especially for the choice of any neurosis into which he may later fall. Neurosis essentially signifies a withdrawal of the subject from an over-painful reality, and a return to the phantasies, now unconscious, of childhood. In dementia praecox, a disease for which Freud here suggests the name paraphrenia, Jung and Abraham have shown that what happens is a return to primitive auto-erotic activities. In paranoia the arrest of development takes place at a later stage, so that the

return is to a life of phantasy concerning narcissism and homosexuality. Freud agrees with Kraepelin that most cases labelled paranoia belong to the dementia praecox group, but to him it is largely a matter of the degree to which the higher inhibitions fall away. We thus have a psychological explanation of the clinical observation that most cases of paranoia later on in their course become typical cases of dementia praecox. The first falling away of inhibitions uncover the homosexual tendencies, the next the narcissistic, and finally when the earliest inhibitions are abrogated there is a return to the primitive condition of auto-erotism. This schematic and lineal presentation is here simplified for abstracting purposes; it does not take sufficient account of the morbid fixations at various stages.

Freud regards the chief delusions of paranoia as different kinds of contradiction of a single sentence "I love him," which may for convenience' sake be taken to represent the homosexual wish of a male patient. (a) The delusions of jealousy, so frequent in, for instance, alcoholic paranoia, contradicts the subject of the sentence. The wish is projected on to the wife, so that the transformation runs, "It is not I who love him, it is she who loves him," with the result that he suspects his wife in regard to various men (originally the ones he loved himself. (b) The delusions of persecution contradict the verb of the sentence. As is elsewhere so common, the love is transformed into hate, producing the result, "I hate him." The paranoia mechanism projects this on to the exterior, so that it runs "He hates me," which then gives him the right to hate in return. Observation shows that the person who is supposed to hate the patient is some one who has previously been loved by him, or else a simple replacement of such a person. (c) The erotic delusions contradict the object of the sentence. The love is transposed from its homosexual object to a heterosexual one, but is not experienced directly as an inner feeling of love as it is in the normal. It is projected on to the object in question and returns to the patient as a delusion that she loves him, the common form of the paranoiac delusion that various women are in love with the patient. (d) The grandiose delusions contradict the whole sentence, which thus reads, "I don't love any one at all," which, as the love must find some outlet, is equivalent to the sentence, "I love only myself." Thus arises the overestimation of the patient's personal charms, powers, and attributes, a symptom which to some extent is always present, and which indicates a return to the infantile stage of narcissism referred to above.

Freud adds some important general considerations on the significance of delusion-formation. He regards this not as a sign of disease, but as a recovery-process, an attempt to reconstruct the disturbed conception of reality. He views paranoia as the result of a breaking down of the sublimation of homosexuality, with a consequent regression to the fixation stage of narcissism No abstract, however, can do justice to the clear and detailed exposition of these and similar problems.

BERTSCHINGER. *Illustrierte Halluzinationen.* S. 69.

Bertschinger publishes here a series of drawings made by an insane patient, and correlates them with the results of a long analytic study. It was doubtful whether the case was one of exceptionally severe hysteria, or of dementia praecox. The drawings show a striking resemblance to the classical conceptions of mythical beings, half men, half animal, etc. The study is one of unusual interest, and is very lucidly presented.

FERENCZI. *Ueber die Rolle der Homosexualität in der Pathogenese der Paranoia.* S. 101.

Ferenczi expounds from rather different points of view Freud's theory of paranoia referred to above, in the development of which he has himself played a considerable part. He details the analysis of four personally studied cases in support of this theory, and adds several important considerations of his own.

JUNG. *Wandlungen und Symbole der Libido.* S. 120. *Die psychologische Enträtselung der religiösen Glossolalie und der automatischen Kryptographie.* S. 427. Consideration of these two articles will be postponed until their conclusions have appeared in the succeeding volume of the Jahrbuch.

BINSWANGER. *Analyse einer hysterischen Phobie.* S. 228.

Binswanger, to whom we owe the most detailed analysis of hysteria that has yet been published (in Band I of the Jahrbuch), here gives an analysis, eighty-one pages long, of a typical fixed hysterical phobia. It is impossible to describe this in abstract, but the article, which is a very convincing study, should be read in the original by all those interested in the genesis of such conditions.

JUNG. *Morton Prince, M.D. The Mechanism and Interpretation of Dreams.* S. 309.

This is a detailed discussion of the article published by Dr. Prince in the JOURNAL OF ABNORMAL PSYCHOLOGY, Vol. V, No. 4. Jung congratulates him on being open-minded enough not to reject Freud's theory of dreams before attempting to put it to the

test of experience, but he expresses his regret that Dr. Prince did not find it necessary to employ the method recommended by Freud for this purpose, namely psycho-analysis. Dr. Prince's study only illustrates once more the fact that we possess no other method capable of penetrating into the problems concerning the genesis of dreams. This is not stated as a mere assertion, for Jung, by carefully going over the material published by Dr. Prince, attempts to demonstrate the incompleteness of the study. He points out in great detail how many matters are left unexplained by Dr. Prince, data omitted from motives of discretion, and questions of the utmost importance left unanswered. He also mentions obvious inferences to be drawn from the material, giving thus a partial interpretation of the dreams published. Any one desirous of coming to an opinion about dream problems on the basis of Dr. Prince's study will therefore have to read this criticism if he wishes to be impartial in the matter.

Spielrein. *Ueber den psychologischen Inhalt eines Falles von Schizophrenie (Dementia praecox).* S. 329.

This is a very lengthy casuistic contribution to the psychology of dementia praecox. Of especial interest is the striking resemblance between the productions of the psychosis and various mythological beliefs of classical times.

Rank. *Ein Beitrag zum Narcissismus.* S. 401.

This is an interesting contribution to the subject of narcissism, on the basis of three fully analyzed dreams of a normal person. Rank points out a number of ways in which narcissism comes to expression in mythology, literature, and daily life.

Bleuler. *Eine kasuistische Mitteilung zur kindlichen Theorie der Sexualvorgänge.* S. 467.

Bleuler shortly narrates an experience confirming Freud's opinion that children often imagine babies to be formed out of excremental material and to issue from the mother's body in the same way that this does.

Bleuler and Jung. *Zur Theorie des schizophrenen Negativismes.* S. 468. A discussion between Bleuler and Jung on the former's theory of the nature and genesis of negativism in dementia praecox.

Maeder. *Psychoanalyse bei einer melancholischen Depression.* S. 479. An author's abstract of a case-analysis of melancholic depression published in the Zentralblatt fur Nervenheilkunde und Psychiatrie, 1910.

Ernest Jones.

SOCIETIES

International Association for Medical Psychology and Psychotherapy.

The second annual meeting of this association was held at Munich on the 25th and 26th of September, 1911, under the presidentship of Dr. Oskar Vogt. There were between thirty and forty members present. A symposium was held on the subject of hypnotism, and a considerable number of individual papers were also read. As before, the discussions were at once translated from one language to another, so that every one could follow the various speakers.

The hypnotism symposium was opened by Bernheim and Claparède, whose communications had for greater convenience been already published in the Journal für Psychologie und Neurologie (Band XVIII). The discussion was divided by the Council under the following headings: 1. *Nature of Hypnosis.* Specific character of hypnosis; objective evidences of this; relation to simulation and to sleep. II. *What modifications of consciousness and of the nervous system characterize hypnosis?* Nature of these and relation of them to suggestion; comparison between them and the depth of the hypnosis; psychological features, such as changes in memory, association-reactions, attention, and mental capacity. III. *Production of Hypnosis.* Frequency with which people can be hypnotized; psychical relation between patient and hypnotizer; mechanism of suggestion. IV. *Biological Significance of Hypnosis.* Relative antiquity of hypnosis and sleep; occurrence in animals; usefulness in nature. V. *Therapeutic Value of Hypnosis.* Possible ethical or medical contraindications of hypnotism; relative value of waking and sleeping suggestion; precise indications for and aims of hypnotism. Each of these headings were subdivided, so that a great share of the time had to be spent in deciding whether a given remark belonged to this or that sub-heading. The whole subject was worked over, and several hours spent in discussing the problems in detail. It is hard to say that there was any fruitful result, for not only was there no new point of view brought out in the discussion, but every one seemed at the end to be of the same opinion as when he started. We heard Bernheim give his same intellectualistic definition, Forel maintain that hypnotism and suggestion was throughout identical and not to be distinguished, Seif state the psycho-analytic view that both suggestion and hypnotism are dependent on the personal relation between the patient and the hypnotizer, and so on. A more sterile discussion surely never took place. The chief, perhaps the only, value of the

symposium was the publication by Claparède of a luminous article (referred to above) which, although it contributes little of positive value, gives an excellent review of the matter and a neat definition of the problems concerned.

Another subject debated at length was that of dreams. Trömner read a paper on this and subdivided the subject for discussion into (a) methods, (b) definition, (c) development, (d) details of dream life, (e) relations between dreams and waking life, (f) causes of dreams. As apparently no one else had any experience to bring forward the debate resolved itself into a duel between Tromner and the psycho-analysts present, which degenerated into a fusillade of repartee.

Frank, in a paper on the determination of neurotic symptoms in the subconscious, proposed an amalgamation of the hypnotic and psycho-analytic methods of treatment. He was supported by Forel, but no one else was willing to listen to any compromise. Of the other papers may be mentioned one by Dupré on hysteria and mythomania, one by Kohnstamm on a psycho-biological theory of consciousness, and one by Delius on the hypnotic treatment of nervous asthma.

The meeting of 1912 will take place in September, at Zurich. Bernheim was elected president, Von Hattenburg, secretary, and Forel, Ernest Jones, Semon, Seif, and Vogt members of the council. The two impressions the present writer received from attending the congress were the lack of novelty in any work done outside the psycho-analytic school, and the difficulty of finding a common ground where matters can be discussed by different schools.

ERNEST JONES.

BOOKS RECEIVED

PSYCHOLOGY OF THE RELIGIOUS LIFE. *By George Malcolm Stratton.* George Allen & Company, Ltd., London. 1911, pp. 367.

MOTIVE FORCE AND MOTIVATION TRACKS. *By E. Boyd Barrett.* S. J. Longmans, Green & Company, London. 1911, pp. 225, 7-6 net.

L'ANALYSE PHYSIOLOGIQUE DE LA PERCEPTION. *Par Edouard Abramowski.* Bloud & Cie. Paris, France. Pp. 120.

LA SUGGESTION ET SES LIMITES. *Par Professeur Bajenoff et D'Ossipoff.* Bloud & Cie. Paris, France. Pp. 117.

LA PSYCHOLOGIE DE L'ATTENTION. *Par N. Vaschide et Raymond Meunier.* Bloud & Cie, Paris, France. Pp. 198.

OBSCENE LITERATURE & CONSTITUTIONAL LAW. *By Theodore Schroeder.* Privately printed. New York, 1911. Pp. 424.

THE JOURNAL OF
ABNORMAL PSYCHOLOGY

JUNE–JULY, 1912

CRITIQUE OF IMPURE REASON*

BY FREDERIC LYMAN WELLS, PH.D.,

McLean Hospital, Waverley, Mass.

IN our reaction to a broad and distinctive system of interpreting mental phenomena, one which makes its appeal strongly on grounds of feeling and a sense for heuristic values, we must use due care not to forget that the question of its validity is after all a scientific one, which should be dealt with upon rational and not on emotional grounds. There is in the psychological thought of to-day no tendency more subject to this limitation of judgment than the doctrines originating in psychoanalysis. In these brief remarks it is endeavored to point out some special reasons why these doctrines have not had, and in their present form ought scarcely to expect, sympathetic recognition at the hands of a discriminating psychology.

As an interpretation of latent mental trends, the keystone of the psychoanalytic structure is symbolism. Its most important generalizations depend on the correctness of the statement that one mental event is the symbol of a certain other one. The essential evidence upon which the symbolism is formulated seems to be that of some associative connection. Thus if we obey the familiar injunction to think of Coca-Cola whenever we see an arrow, the arrow might ultimately become in our minds a symbol for Coca-Cola. But this does not provide that a thing universally

*Substantially as read before a meeting of the Boston Society of Psychiatry and Neurology, April 18, 1912.

means what it makes one think of. And if by this criterion one thing symbolizes another now, would this carry with it the assurance that it symbolized, or would have made the subject think of, that other thing at some previous time? Our associative processes are not invariable, but the same idea or external stimulus rouses now one, now an entirely different, set of associations, and the associations of one time are not a criterion of the associations or symbolisms of another. Until it is evident that the method takes some precaution against this quite elementary difficulty, psychology is likely to look askance at its results. It is to be gravely questioned whether the psychoanalytic method is by its very nature capable of demonstrating the things it is claimed to demonstrate, for special example, in its for normal psychology most notable application, the dream-analysis.

There is no attempt at a sweeping denial of the symbolic factor in dreams; but it seems very improbable that the free association method is of a character to show, retroactively, what these symbolisms truly are. Critical users of the method admit a genuine difficulty in the selection of the precise association from a train of ideas; i. e., of "knowing where to stop." If the dream be a wish-fulfilling mechanism, condensation, displacement, secondary elaboration and dramatization are its four universal joints. Nothing approaching in definiteness and universality the theory of the wish-fulfilling function in dreams is to be built upon evidence of such equivocal character. As Bleuler and doubtless others have clearly seen, the essential question is whether other material, subjected to similar analysis, would not show itself equally symbolic of repressed wishes with the individual's dream. And it is by no means a settled question whether the same symbolic wish-fulfilment is not with similar readiness to be found in material with no direct reference to the subject's personality. Under these circumstances such interpretation of dreams were obviously meaningless; not fifty thousand, but fifty million dreams might be analyzed according to wish-fulfilment.

And in other phases of psychoanalytic doctrine the control procedures are as lacking as they are essential.

We are told that if we forget something we ought to remember, the cause lies in its association with some unpleasant experience. Before such a statement acquires significance, it must be evident that other ideas are not associated with equal closeness to unpleasant experiences. One hesitates to regard this as even improbable, in view of the more than devious character of the associations in some of the classical instances, *aliquis*, for example. Merely in illustration of the experimental method as applied to the general problem may be mentioned an extensive study of the relation of feeling to memory — that of Peters — in an recent number of the *Psychologische Arbeiten*, which contains a just criticism of the psychoanalytic method in this relation.

Similar interpretations have been sought for lapses in various motor functions. One occasionally meets here with what seems a regrettably naive misconception of the role of the deterministic concept in psychology. Surely every psychologist recognizing a physiological correlate of mental phenomena has considered that all reactions, purposeful or incoherent, are in the strictest sense "determined," and would be the last to dispute that "every little movement has a meaning all its own," even though it were considered that the determining factors lay beyond the reach of reliable investigation. The lapses of speech have been studied the most, psychoanalysis giving attention almost wholly to alterations of the content. This would scarcely give a proportioned view, for the purely formal lapses of speech are also very common, and from a mechanistic standpoint, really more interesting. Studies made with an experimental attitude have long indicated that distraction, or inattention, is an essential factor in one and all. Given distraction, the lapse may be colored by whatever distracts; immediate introspection can best say what this is, but even this not always. It may come from any source; immediate context would seem to be the actually most frequent one, at least in those of handwriting. Those of the typewriter show some interesting peculiarities of their own. The "hidden tendency" does not play a very great part in these studies. Still, the question is not merely whether such factors, as given in the mechanism of

wish-fulfilment and the like, can color the content of the lapse. They may, quite obviously and consciously, but it does not seem that, when there is no appearance or consciousness of such mechanism, the present psychoanalytic method is suitable for the valid demonstration of one. The whole question of these and the *Symptomhandlungen* at large depends upon the crucial test of whether any unconscious factors beyond those of distraction can be demonstrated that are not equally present where no *Fehlhandlung* occurs.

Many factors contribute to render the teachings of psychoanalysis peculiarly liable to favorably or unfavorably prejudiced judgment. The subject seems unfortunately apt in turning either a man's stomach or his head. Being usually concerned with matters that involve considerable intensities of personal feeling, objective judgment of results would not be of the easiest, even were the psychoanalytic method itself less open to criticism on this score. How much of Freud one to-day believes is bound to be largely a matter of feeling, because the data of the method are so little susceptible of valuation upon any other basis. Whatever of these theories be true or false, there seem to have been but scattered attempts to submit them to the test of experiential conditions.

This question of the validity of the psychoanalytic method for demonstrating certain mental mechanisms is, of course, but a part of the larger questions of the role of psychogenic factors in mental disturbances. So far as we know there are no mental experiences of a specifically pathological nature, but mentally pathological reactions to any given situation are determined by the individual's constitution or immediate powers of resistance. The experiential factor in our mental life is an essential determinant of the content of the mental reactions. But whether those reactions are of a healthy or pathological character, depends far less upon external situations than upon the organism which has to adjust itself to them. The content of the maladjustment is of chief importance for the light it may throw upon the fundamental conditions that have permitted it to take place.

The tremendous role of sexuality in the Freudian theo-

ries is largely derived in but doubtful ways, and the exact character of its relation to the psychogenesis of various pathological conditions must also be regarded as largely uncertain. The vita sexualis is indeed the touchstone of mental stability; but it does not follow that the failure of sexual adaptation is an essential cause, or, in fact, other than a frequent or inevitable symptom of neurotic disturbance. Some psychoanalysts are fond of accounting for the non-acceptance of their doctrines on the ground of sexual resistances in their opponents, and lay great stress on conventional prudery and suppression as a bar to the progress of their teachings. But it must not be lost sight of that there is a type of personality that would be attracted to psychoanalysis by the very prominence it gives to sexual factors, its facilities for mental mixoscopia perhaps affording to the sexual feelings a not disagreeable stimulation of the safer and cheaper sort. There may be applicability in both of these assertions, but they scarcely touch the question at issue. The truth or falsehood of a proposition, judged by such criteria as scientific progress has been able to build up, is a more important question than whether certain individuals accept or reject it on other grounds. The most rigid control of its observations may not enable psychoanalysis to win the respect of all its opponents; but this does not absolve those responsible from the duty of making an adequate effort to deserve it.

THE EVOLUTION OF SLEEP AND HYPNOSIS

BY ISADOR H. CORIAT, M.D.,
Boston, Mass.

IN a former contribution* there was discussed the nature of sleep, in which it was shown that sleep was due to an absence of those peripheral stimuli from the receptor organs which normally keep the brain in activity. It was furthermore demonstrated that the motionless states into which animals could be suddenly thrown were not sleep but a form of cerebral inhibition, strongly allied to hypnosis, if, indeed, not identical with it. These experiments on the nature of sleep and hypnosis suggested several other directions to which inquiry might be directed — namely,

1. How did sleep and hypnosis evolve?
2. What is the biological necessity for sleep?

Although it has been noted that primitive, moving unicellular organisms when observed for hours at a time, were unceasingly active and showed no motionless states, yet sleep must have arisen at some stage of evolution from these primitive organisms. Presumably those organisms survived which possessed these motionless states to their greatest extent, and from these motionless states could probably be traced the phylogenetic origin of sleep. In the higher animals, however, that is, in those possessing a complex nervous system, these motionless states, as demonstrated by my experiments, were not sleep but a form of cerebral inhibition, a genuine hypnosis. Furthermore, the animals experimented upon possessed genuine spontaneous sleep states, whereas the motionless states induced in them were artificial and experimental.

In the lower organisms these motionless states are not intelligent reactions, but probably blind mechanisms, and we must therefore not allow the interpretation of such phenomena to lead us into anthropomorphism. Neither can they be said to arise from fatigue, because such states

*Isador H. Coriat. The Nature of Sleep. JOURNAL ABNORMAL PSYCHOLOGY, Vol. VI, No. 5, pp. 329-368.

may be observed in organisms which have not been subjected to stimuli that would lead to fatigue. Lower organisms, however, are very sensitive to light, but whether this influence to light is a chemical or a mechanical phenomenon cannot be discussed at present. For instance, many motile forms collect in regions of a given light intensity, some orient themselves towards the source of light and others away from it, into shadows or where the light is diminished.* These light reactions may be decidedly rhythmic in character and because they usually result from sudden changes in the intensity of light, they seem compulsory and mechanical. It has been found, for instance, that a sudden increase in the intensity of light will cause restlessness in earth worms and fresh water planarians. Diminution of the intensity of light inhibits these restless reactions and causes the creature to come to rest, or if such a creature goes from a light area to a dark one its activity becomes reduced to a minimum, it becomes motionless and seems to fall asleep.

It seems probable that out of these periods of immobility and rest sleep arose. Light is a distance receptor and the activity of these organisms ceased when these particular receptors failed to throw its nerve elements into activity. The same mechanism probably takes place in the sleep of man and the higher animals from the inhibition of distance receptors. If sleep is an instinct, it was not so in the primitive organisms, but in these creatures, it was a tropism, a mechanical or chemical necessity for repose under conditions where light was absent. From this tropism-like reaction, sleep arose, a veritable impulse of living matter to higher and higher rhythmic activities, motility on the one hand, with its freedom of action and the consequent development of the nervous system, periodic immobility on the other, in the effort to protect this nervous system from the pernicious effects of over-activity. Thus those organisms which showed these rhythmic reactions of immobility and

*On the various tropisms and the reactions of organisms to light, and the interpretation of these phenomena from the standpoint of comparative psychology, see the publications of Loeb, Piéron, Bohn, Jennings, Verworn, Claparede, and Mast.

repair were those which survived in the biological struggle for existence.

Let us investigate these complex reactions to light more closely. Sometimes instead of attaining a definite axial position or orientation to the source of stimulation, the organism as a whole will move from light to shadow or vice versa. Whether or not these reactions are adaptive or mere mechanical automatisms is one of the most important questions of comparative psychology. Probably the phenomenon, at least in the more primitive organisms, is not psychic, the light in these cases acting as a mere directive stimulus. We are dealing here with a process variously termed heliotropism or phototaxis. The fact that in brainless planarians can be demonstrated the same sensitiveness to light, but that the reaction time to arrive at immobility is longer, speaks in favor of the mechanistic hypothesis.

Histological investigations on planaria and earth worms seem to indicate that the photo-sensitive elements are distributed over the body surface. That the reaction to light is a mechanical or a chemical response without the involvement of consciousness or perception, a mere mechanism, is demonstrated by two facts; first, that brainless organisms show the same reaction, and secondly, blinded organisms become motionless when the light intensity is suddenly reduced, or what amounts to the same thing, when shadows are suddenly thrown over the bodies of the creatures. These reactions to shadows seem to be defense reactions, because a shadow would naturally herald the approach of an enemy. Then the organism becomes motionless, a condition under which it would be less likely to be perceived. Analogous conditions are sometimes found in the higher animals, namely, simulation of death, but here the defense reaction is intellectual and not mechanistic. Thus these latter reactions are in a general way adaptive and serve a purpose in not only protecting the creature from external influences, but likewise have a reparative action.

Sleep, therefore, in these lower organisms seems a mere rest state, a negative heliotropic reaction, because of the poverty of the creature in receptor organs. As the animal

evolved, as the spinal cord became a complicated reflex mechanism and the brain the dominant organ of consciousness, the various receptors became more numerous and complicated, and parallel with this there arose rhythmic states of activity alternating with rest or sleep.

It is well known that we cannot get along without sleep and yet the important question arises — why is sleep biologically necessary? Genuine sleep only exists in organisms with a developed nervous system, and it has been shown that the motionless states in lowly organisms, when in shadows or in darkness, is not sleep. Sleep also seems to be due to a cessation of activity of the receptor organs and this in turn causes a diminished activity of the central nervous system. In sleep, the brain and spinal cord alone seem to be the seats of diminished activity, for the body metabolism during sleep does not differ much from that of the waking state. Sleep is an organic need, in the same way that hunger is an organic need. The effect of complete sleeplessness, as shown by experimental evidence, is to cause severe changes in the nerve cells. Therefore, the activity of the nerve cells furnishes the key to sleep. The Nissl bodies of the nerve cell accumulate during repose and disappear in activity, particularly under conditions of fatigue. In the brains of chickens and dogs which have been suddenly killed during sleep, there has been found an increase of the Nissl bodies. This substance, therefore, accumulates in the nerve cells during their functional inactivity, when the sensory stimuli pouring into these cells from without are greatly diminished. Normal nerve cells, or nerve cells in a state of rest, show these Nissl bodies with great clearness. It is only in the fatigued cell or the cell which has been poisoned by toxic substances or through the influence of increased temperature in fever, that these bodies are disintegrated and in many cases completely disappear, giving the cell a washed-out appearance (chromatolysis). Therefore, sleep is a mechanism for the repair of nerve elements which have become disintegrated from the bombardment of stimuli received by the various surface receptors and receptor organs of the special senses. Those organisms, which by reason of rest and immobility when they went into darkness or shadows, showed the

greatest repair, were the very organisms which survived in the evolutionary struggle and sleep evolved out of these motionless states. This reparative power is absolute, for, no matter how great the fatigue or long the insomnia, only a few hours of complete sleep is necessary, as demonstrated by some exact experiments on the loss of sleep in man.

Much of the same principle may be applied to the evolution of hypnosis. Many animals seem to furnish examples of spontaneous hypnotic states, for instance, the simulation of death, or still better, the fascination of birds by snakes, which seems to be a kind of hypnosis with catelepsy. Many animals show motionless states in reaction to fear. While motionless states of the nature of genuine hypnosis or cerebral inhibition may be produced artifically in certain animals (birds, frogs, guinea pigs, cray fish), yet probably in the phylogenetic scale, such states were made possible of artificial production because spontaneously the normal defense reactions of these animals showed similar phenomena. If we assume that these motionless states arose in animals out of stationary reactions while waiting for their prey or for purposes of defense, we must also assume that this was an intelligent experiment on the part of the animal. Thus hypnosis had probably a biological origin like sleep, but since the former was unnecessary for the preservation of the species, it became only incompletely developed spontaneously and could only be artificially produced. Even then, it did not appear until the animal began to show intelligent reactions, a defense or instinctive action on one hand and a hunger reaction on the other. These reactions, however, while of great value, did not have the biological importance of sleep, namely, a repair of nervous tissue, and therefore they did not become like sleep, automatic and spontaneous.

THE TREATMENT OF WRITER'S CRAMP AND OTHER OCCUPATIONAL NEUROSES

TOM A. WILLIAMS, M.B.C.M., EDIN.

Corresponding Member Paris Neurological Soc., Psychological Soc., etc., Neurologist to Epiphany Dispensary, Washington, D. C.

The Treatment of Writer's Cramp

TO a clear-minded person who realizes that the "grip is being lost," as the telegraphers call it, the psychogenesis of occupational cramp is apparent. The resulting treatment is illustrated in the following cases:

Autotherapeusis of an Occupational Neurosis

An exceedingly efficient sender for a metropolitan newspaper one day found that he was failing to send properly the five short taps which in the Morse code represent the letter P. Knowing the risk of telegrapher's paralysis, he at once set to work to conquer the sending of the letter P, and spent his intervals between sending and receiving messages in practising that letter, until at the end of two or three days, he found he could accomplish it as well as before.

The second case is that of a physician who is now himself much interested in psychopathology; the account is written by himself.

Temporary Writer's Cramp in a Physician, Autotherapeutically Arrested

"Having occasion to stop in a newspaper office one morning when a case of great medico-legal interest was occupying public attention, the editor asked me for a statement of my opinion for publication. He showed me the statement of two medical men of prominence who had also been interviewed. As I was under some obligation to the editors, I consented. He asked me to hurry, as they were about to go to press, and handing me pencil and paper, told me to

sit down at his desk. He sat to one side and watched me as I wrote. The situation was a strange one, and the hurry and confusion of the office extremely distracting. I was obliged to think rapidly and to place my thoughts upon paper as quickly as possible. I wished my interview to compare favorably with the others. I was conscious that within an hour what I had to say would be read by thousands. As I substantially agreed with the statements of the other physicians who had been interviewed, I felt the need of saying the same thing in language sufficiently different to cause my statement to seem somewhat original. As I wrote, I became more and more dissatisfied with what I had to say. The point of the pencil broke twice, causing me much annoyance. My hand suffered a distinct cramp by the time I had finished the second page. I had begun my statement in a large, plain hand. Soon I saw that my writing was growing very illegible; and I thought the compositor would not be able to read it. All this caused me to be still more annoyed with myself. The hand was now painfully cramped, and I had difficulty in holding the pencil, and was obliged to write with an arm movement, which is not my habit. When I finished, the cramp lessened, but was followed by a distinct and complete paralysis, which lasted for about an hour. Later in the day, on attempting to use a pen or pencil, the cramp returned. The next morning the difficulty had disappeared.

"The paralysis was for all the finer movements of the hand. I remember that I was obliged to button my overcoat with the left hand.

"Fatigue was not a factor. My statement was brief, not more than four or five pages.

"The psychic factors were, as near as I can tell, fundamentally *distraction* and *anxiety*, although at the time I doubt if I were very conscious of *either*."

The Difficulties

Very different is the result when a cramp arises in a person of credulous disposition, who is unfortunate enough to be advised by a physician lacking in psychological good sense and imbued with the confused ideas regarding the

genesis of spasms, tics and other myoclonias which are all that can be found at present in the English text-books.

Such a physician only reinforces the patient's belief that his disability resides in some modification of bodily structure. This collusion of misinterpretation eventuates in the all too common course of massage, electricity, tonics, nerve excitants, or rest and calmatives, according to the theoretical predilections of the physicians. In spite of the suggestive effect of these measures in breeding self-confidence and hope, failure is the rule, and the patient may then have recourse to various charlatans. These, however, are no better informed of the pathology of occupational cramps than were the physicians who failed, and the patient gives up, believing himself incurable.

Hence, the first task of the therapeutist is often to convince the patient of the pathogenesis of his affection in order that he may be persuaded to undertake a treatment which will be neither short nor easy.

The keynote to this treatment is that the patient clearly understand the mechanism of his affection. Upon the basis of this understanding, physician and patient then develop precedures for the re-education of the perverted psychomotor succession which determines the abnormal movements. Before expounding the principles of this, the difficulties should be foreseen and explained to the patient. The first of these is the practical one of the length of the treatment, which is of course a serious inroad upon the time of both doctor and patient, and considerable expense to the latter.

The second difficulty is that the re-education consumes much energy; and a patient who is already working hard for his living may not be able to spare this, any more than can a physician with multiple duties. But if these difficulties are transcended, there remains the psychological one of the patient's willingness to undergo a discipline which may go to the extent of changing his mental habitus. Thus, a hyper-suggestible, impulsive individual will require a great effort to accommodate himself to the careful slowness of control needed in the mastery of a disorderly movement. On the other hand, a person of timid, hyperconscientious disposition, who takes the most trivial detail with an in-

tensity demanding his whole powers, may not be willing to undertake the long course of training required to unlimber mental processes bound into a scrupulousness which interferes with the acquisition of a spontaneous automatism required in the practice of any art.

The Psychomotor Discipline — Its Technique

These difficulties having been faced, and treatment resolved upon, a psychomotor discipline is instituted. It begins with the movements of the larger joints, which are phylogenetically better established, and within their limits easier to control.

The end aimed at is largeness and smoothness of movement; all sudden jerking must be avoided; and the binding of muscles must be unlimbered. Gentle swinging movements, followed by Indian club exercises are a convenient introduction. Success is usually rapid, and then the second stage can be begun. This consists of directing the same principles to the use of the joints around which the cramp has occurred. Slow, smooth movements in different directions are at first practised, and at least until complete control is attained. Then some tool or instrument is grasped in the hand and wide sweeping movements made with this. Until this can be done with complete freedom, no use of the tool should be permitted; but when cramping ceases to occur the patient is directed to use his pencil or other instrument in a professional act. When this is begun, there is a great tendency for the patient's mind to concentrate upon the product of his act, viz., the writing or other work, and to wander from the act itself. This is the great difficulty at this stage of the treatment. To avoid it, the patient must be induced not to think of the form he is drawing, but to concentrate upon the movements he is making.

To prevent cramping, all movements must at first be large, wide and sweeping. The lines made will therefore be round, and the forms large. The motion should be perfectly smooth, and not too slow, or binding is apt to occur. If it is made too rapidly, on the other hand, the muscles will contract too suddenly, and tend to jerk into cramp.

The preliminary flourishes of an ornate writer furnish a good model of the speed and style of movement to be aimed at.

Finally, the patient should not practise long at a time, or there will be a flagging of the attention needed to co-ordinate a vast number of muscular contraction and relaxations; and when attention relaxes, the old habit, which is that of the cramp, regains ascendancy and vitiates that attempt and makes the ensuing one still more difficult.

But the sittings should be frequent, so that practice may be abundant; and each acquisition should be established before there is time for it to be forgotten.

When large writing can be performed automatically without tendency to cramp, a gradual reduction of amplitude of movement is attempted; and when a reasonable size of writing is attained, the patient may be gradually permitted to resume writing in which the end is not the manner but the matter. The cure is then only a matter of continued attention and further practice. Relapses, which are frequent, are due to the relaxation of earnest attention by the patient, and it is sometimes a hard task for the physician to prevent the natural tendency to a relapse into easy-going automatism before perfect freedom of movement has been attained.

A full account of several cases upon which this treatment has been based is given in a current number of Brodwell's *Jour. d. Neurologie u. Psychiatrie* (Leipsig).

POETRY AND DREAMS

(*Concluded*)

BY F. C. PRESCOTT

Cornell University

III

Let us now again return to the subject of dreams. Dreams, as has been said, have their origin in the depths of the mind, in unconscious mental processes,— that is, in processes which do not come to our knowledge except indirectly, or under unusual or abnormal conditions,— the conditions supplied, for example, in dreams, in day dreams and hallucinations, and in certain neurotic activities. Under ordinary conditions there is a force operating to prevent these processes from rising to the surface of consciousness. If the reader has ever tried to recall any matter — for example, a proper name — which has fallen out of his recollection, and which he can almost but not quite recollect; if he has felt himself, so to speak, struggling to recover this matter and baffled in his efforts, he can form some idea of the repressive force in question.[1] This force is called in the dream theory the "psychic censor"; it "stands at the gateway of consciousness." In general, it prevents the deeper processes from becoming conscious. Under certain conditions, however, when this force is relaxed, as in sleep, it allows the repressed material to pass, or permits an evasion. That is, it permits such material to pass, but only in a disguised and distorted form, under which it escapes recognition. The so-called psychic censor, as its name implies, resembles a public censorial officer, say of the political press, who will not allow unpleasant truth to pass for publication, but may be evaded by a veiled or disguised representation. In dreams the latent content is under repression; it passes the

[1] Freud explains this amnesia as caused by a connection between such a name and material which is under repression. See Psychopathologie des Alltagslebens, p. 3.

censor only in a disguised and distorted form, in which it becomes unrecognizable — that is, in the form of the manifest content.

The operations by which, under the direction of the censor, the underlying thoughts are transformed into the apparent dream are called the "dream work" (*Traumarbeit*).[1] They cannot be fully explained here, this being the most complex and difficult part of the dream theory. Through these operations, however—described technically as "condensation," "displacement," "secondary elaboration," etc.— the underlying thought is in appearance completely transformed; it is bodied forth in a strange guise which bears little or no resemblance to the original. This explains why dreams appear absurd and imcomprehensible; only when these disguises have been stripped off, only when the work of the censor has been retraced and undone, do they disclose their underlying thought. An interpretation of dreams, then, requires a knowledge of the dream work.

In this transformation, however, one element remains unchanged. A dream is always emotional, and the emotion which has properly belonged to the original dream-thoughts still clings to the final dream, where sometimes it seems strangely out of place. That is, intense feeling is sometimes attached to apparently most trivial things, the explanation for this being that feeling is transferred to these things from the more important ones in the original for which they stand. Whatever strange forms the dream may take this emotion is real and vital; "im Traume ist der Affect das einzig Wahre."

Some features of this transformation, effected by the dream work, require for our purposes further explanation. The dream is fictional in two senses. In the first place it represents an ungratified desire as gratified, substituting for the *utinam* of the latent content a phantasm of gratification. In the second place it represents the abstract by a symbolical concrete. The underlying material, the elements from which the dream is formed, with the desires as motive power, may be anything which finds place in the human mind — persons and places, thoughts and opinions,

[1] Die Traumdeutung, VI.

facts observed or inferences from facts, concretions or abstractions. In the dream these elements are reduced or transposed into one simple form. The dream, as a rule, represents not thoughts but actions. In a dream we take part in an action as one of the actors, or see a situation before our eyes. A dream is a kind of dramatic representation, a series of scenes in that theatre of the brain which Stevenson describes; and only such elements as are capable of being put upon the scene can pass into the dream. A thought cannot be directly represented; it must be enacted, and therefore the dream makes constant use of symbols. The symbolism of the wildest poet falls short of the symbolism constantly employed in dreams. Temporal relations cannot be represented; in a dream the time is always present. Logical relations cannot be represented; the dream cannot deal directly with an *if* or a *because*. Such temporal or logical relations must be expressed, if at all, somehow indirectly in accordance with the dramatic principle. Thus a dream is mainly visual in nature. It may include sounds and other sensations. It is, however, properly a *vision*. All underlying elements must either be suitable ingredients of a vision or be transformed into such ingredients,— made visible, or at least sensible. The dreamer, then, sees a vision representing symbolically the gratification of his wish.

Dreams often take us back to the experiences of early childhood. The reader has, perhaps, like the writer, found this one interesting feature of his dreams,— that they sometimes bring up long-forgotten incidents, faces, emotions, with surprising vividness. In dreams, as Dryden says,

> "Sometimes forgotten things long cast behind
> Rush forward in the brain and come to mind.
> The nurse's legends are for truth received,
> And the man dreams but what the boy believed."[1]

Day dreams also often take us back to childhood. Drowning persons are said to see their whole lives, including events in early life long lost from conscious remembrance, in the twinkling of an eye; perhaps this vision is somehow related—

[1] The Cock and the Fox, ll. 333–336.

the projection of an instinctive, sudden, strong desire to live. Such early memories appear recognizably in the manifest content of dreams; according to Dr. Freud they appear even more frequently in the latent content. Indeed, the latent content of every dream probably goes back for some of its elements, for a part at least of the desires which actuate it, to the experiences of childhood. These experiences have perhaps been entirely forgotten; the early desires have been for some reason repressed. They reappear, however, in dreams, in which we live back into childhood again. "Das Träumen," says Dr. Freud, "ist ein Stück des überwundenen Kinderseelenlebens."[1] The dream usually seizes upon some trivial incident of the preceding day — trivial because such incidents will be free of associations—and makes this a starting-point or point of crystallization, to which the old experiences may attach themselves. But the old experiences are the important elements. The significance of these facts for our purpose we shall see presently when we return to poetry. Just as the dream materials are largely derived from childhood, so in dreams we act and feel as children; we escape into an irresponsible world of play which has its only counterpart in childhood. In recounting our dreams we laugh at our strange actions in them, as we should laugh at the actions of children. In general the dream experiences, as compared with those of waking, have a kind of freshness and vigorous youthfulness about them as if they stood nearer to life's source.

The mental activity which produces dreams is different from that of ordinary waking life. It is apparently more simple, elementary, or central — perhaps we may say more childlike. A faculty is at work, which is active also in waking, but here works in a different way or under different control. This is an image-making faculty or imagination,— the phantasy (φαντασία) to which Aristotle attributes dreams, hallucinations, and illusions. This faculty is situated between the senses on the one hand and the intellect on the other, reproducing images derived through the senses, combining these under the direction of the intellect, and fur-

[1] Die Traumdeutung, p. 349.

nishing material for thought.[1] Thus in waking moments it is under the control of the intellect. But when the mind is relaxed — at rest or asleep — when it is not on the one hand taking in new sensations or on the other engaged in thought, this faculty, continuing active, answers other more recondite purposes. It subjects itself to the hidden desires of the mind and produces pictures at the instance of these desires. It is, so to speak, no longer at work, but at play. As Dryden says:

> "Dreams are but interludes which fancy makes;
> When monarch reason sleeps this mimic wakes."[2]

The pictures which this faculty produces when it escapes from the control of the intellect, as in dreams, we call *fantastic*.

We may now return to poetry. We have seen that the motive impulse in poetry is supplied by the poet's desires. There are repressive forces, corresponding to the censor of the dream theory, which conflict with and control the poetic impulse. These forces have already been mentioned; they are the impediments to expression of Keble's theory. The selfish individual impulse cannot give itself free expression; it must have regard for appearances, for convention, for morality. This matter will be considered more fully later. In general the conflict is between the native inspiration of the poet and external authority of whatever kind; the principle of control arises from the latter.

This may be illustrated most readily in the form of poetry, its rhythm and metre, which gives utterance to both elements—the impulse and the control — or is also, like the subject matter, produced by their conflict. Strong and unrestrained emotion expresses itself in waves, with a throbbing or pulsation, in recurrent movements appearing in voice and gesture, which constitute a natural rhythm. Poetry, an emotional expression, has this rhythm. The beat of a passage of poetry or impassioned prose is not a superadded ornament, but an inevitable and vital accompaniment of such expression, going back, we may imagine,

[1] E. Wallace, Aristotle's Psychology, p. lxxxvii.
[2] The Cock and the Fox, ll. 325–326.

for its origin to the poet's heart. It is, as Shelley says, an "echo of the eternal music." In a free expression this rhythm would be bound by no law but that imposed by the feeling itself. In certain poets of a primitive or strongly individual kind, for instance in Ossian or Walt Whitman, it is felt in something like its native wildness and force. Usually, however, it is restrained by regard for the traditions and conventions of the poetic style. In Tennyson, for example, it has become conventionalized — subjected to prosodial law. The rhythm has become measured, metrical; it has been adapted to recognized forms of line and stanza.

The nature and cause of this metrical restraint are well stated by Keble. "The conventional rules of metre and rhythm . . . may be no less useful, in throwing a kind of veil over those strong and deep emotions, which need relief, but cannot endure publicity. The very circumstance of their being expressed in verse draws off attention from the violence of the feelings themselves, and enables people to say things which they could not express in prose, much in the same way as the musical accompaniment gives meaning to the gestures of the dance, and hinders them from appearing to the bystanders merely fantastic. This effect of metre seems quite obvious as far as regards the sympathies of others. Emotions which in their unrestrained expression would appear too keen and outrageous to kindle fellow feeling in any one are mitigated and become comparatively tolerable, not to say interesting to us, when we find them so far under control as to leave those who feel them at liberty to pay attention to measure and rhyme, and the other expedients of metrical composition. But over and above the effect on others, we apprehend that even in a writer's own mind there commonly exists a sort of instinctive delicacy, which finds its account in the work of arranging lines and syllables, and is content to utter, by their aid, what it would have shrunk from setting down in the language of conversation; the metrical form thus furnishing, at the same time, a vent for eager feelings, and a veil of reserve to draw over them."[1]

[1]British Critic, Vol. XXIV, p. 435. Cf. Coleridge, Biographia Literaria, Chap. XVIII, on the origin of metre.

The form of poetry, then, is the product of two forces — the rhythmic impulse, and the control represented by metre, line, stanza, and the like.[1] The natural rhythm of unrestrained emotion would be unpleasing to a hearer as wanting in regard for this hearer — as wanting art; it must accordingly be reduced to recognized forms. It must not, however, be lost in this reduction, but must be felt constantly behind and through these forms giving them animation. In a poet like Shelley, in whom the poetic impulse is strong, the natural rhythm is always so felt; it even constantly threatens to break through the bonds of form and secure its freedom. In Pope, in whom the poetic impulse is weak, or at any rate in some of the followers of Pope, in whom native impulse is wanting, the form is everything, and the echo of the eternal music is entirely lost. The old question, whether or not metre is essential to poetry, must be answered formally, as the best critics from Aristotle to Wordsworth have answered it, in the negative; in every tolerable literary expression, however,— even in that other harmony of poetical prose, which has not only its rhythm but its laws no less exacting than those of verse — there must be, or will be, not only the element of inspiration but the element of control, which in poetry employs metre as one of its commonest instruments. Art as well as inspiration is essential to poetry.

The principle thus illustrated in the form of poetry may be applied also to its substance. The significant figure of the veil which Keble twice applies to the form, he employs again in describing the substance, in which the same controlling forces are at work. "In the prose romances of Sir Walter Scott," he says, "and in all others which would be justly considered poetical, it will be found, we believe, that the story is, in fact, interposed as a kind of transparent veil between the listener and the narrator's real drift and feelings." Scott's ruling passion, his desire to live

[1] Rhyme has the effect of dividing the expression into lines of regular length recognizable by the ear. Intrinsically, however, it goes back probably to a primitive or childish fondness for playing and jingling with the sound of words without regard to their meaning. For this impulse in children, see Freud, Der Witz und seine Beziehung zum Unbewussten, p. 105.

in the past and to make the past live again, met, as Keble shows, various checks; it could, however, be freely expressed in the guise of a story. This case is typical; every creative poetical work is such a veiled representation. The deep feeling of the poet cannot have a direct but only an indirect, or, so to speak, *censored* expression, through the medium of what Keble calls "associations more or less accidental." The poet's product, like the dream, is a fiction in two senses. In the first place, it is a phantasy representing an actually ungratified desire as gratified. In the second place, this representation is not direct but indirect or veiled; it is allegorical, figurative, or symbolic. It lets one thing stand for another and by this means bodies forth, in concrete sensible forms, the hidden motions of the soul of the poet. Or, as Shelley beautifully expresses the same thought, "it arrests the vanishing apparitions which haunt the interlunations of life, and veiling them, or in language or in form, sends them forth among mankind bearing sweet news of kindred joy to those with whom their sisters abide — abide, because there is no portal of expression from the cavern of the spirit which they inhabit into the universe of things."[1]

The characteristic operation of the poet's mind, then, consists in an embodying of his deep feelings, his unconscious desires, in the fictional forms which we recognize as customary in and proper to poetry. This operation, however, or the modes in which this embodiment is effected, are untraced and obscure. The final product of the poetic imagination, the manifest poetry, is a complex construction, or, to employ a probably better word, a complex vital growth, out of the depths of the poetic mind. We can only surmise, for example, by what strange organic action the religious emotion of John Bunyan gathered to its use the sensations, experiences, thoughts, available associations of whatever kind, contained in the dreamer's mind, and thus grew into the series of scenes which make up Pilgrim's Progress. In order to trace this complex operation we should have to know, more fully than we can ever know it, the history of this poet—

[1]Defense of Poetry, ed. Cook, p. 41.

his early training, his experiences, the people he met, the books he read, the sermons he heard — the whole growth and content of his mind. If we had all these facts as data, and if we knew the working of the poetic faculty, then we might trace the growth of his poetic product from its original moving emotion to its final form. We have not the data and we do not know the working of the poetic faculty. There is, we may conjecture, trusting to the parallel we have been following, a "poetic work"— *Dichterarbeit* — corresponding to the dream work already referred to. If we were familiar with the mechanisms of the former, as according to Dr. Freud we now are with the latter, then doubtless —given the necessary biographical data—we might analyze poetry, like dreams, to discover its underlying motives and sources. Perhaps a study of Dr. Freud's mechanisms of condensation, displacement, etc., might throw much light on the working of the poetic faculty. Perhaps, for example, the extraordinary concision and significance of poetry, as compared with prose, is not due to mere brevity or ellipsis, but partly to "condensation," in the sense in which this term is used in the dream theory — that is, to the fact that each portion of the poetic product is "over-determined," and has many roots in the poet's mind.[1] We cannot fully explore the field thus indicated at this point.

Some observations, however, may be made. Poetry, like the dream, is always a product of emotion. "No literary expression," says Theodore Watts, in his admirable essay on the subject, "can, properly speaking, be called poetry that is not in a certain deep sense emotional."[2] And just as in the transformation of the dream the original feeling of the dreamer passes through without change of quality and attaches itself to the manifest dream, so probably in the transformation of poetry the original feeling of the poet retains its original tone if not its original intensity; though all else may be fiction, this remains real; the final poem, whatever fictitious expression it may employ, is transfused with the true feeling of the poet's heart. Thus the genuine feature of poetry lies in its feeling; this may attach itself to

[1]For condensation, see Die Traumdeutung, p. 204.

[2]Encyclopedia Britannica, "Poetry."

the wildest fiction; but the fiction still appeals to us as essentially truthful because it is animated by truth.

Poetry again, like the dream, is concrete in its method; and the ingredients of poetry like the ingredients of the dream must conform to this principle of composition. Poetry is correctly defined by David Masson as "the art of producing a fictitious concrete."[1] "With abstractions," to quote again from Theodore Watts, "the poet has nothing to do, save to take them and turn them into concretions." The poet may think as well as feel; he may start with abstract truths, but his thoughts and his truths are only the underlying elements of his poetry. The thoughts cannot be expressed directly; they must be reduced to concrete terms, appropriately embodied in the actions of things and persons, expressed in the proper poetic language of figures and symbols. So one evidence of Goethe's poetic mastery, according to Carlyle, was his "singularly emblematic intellect; his perpetual never-failing tendency to transform into *shape*, into *life*, the opinion, the feeling that may dwell within him, which, in its widest sense, we reckon to be essentially the grand problem of the poet. . . . Everything has form, everything has visual existence; the poet's imagination *bodies forth* the forms of things unseen, his pen turns them to shape."[2] But we may as well quote directly from Shakespeare:

> "And as the imagination bodies forth
> The forms of things unknown, the poet's pen
> Turns them to shapes, and gives to airy nothing
> A local habitation and a name.
> Such tricks hath strong imagination:
> That, if it would but apprehend some joy
> It comprehends some bringer of that joy."[3]

[1]Wordsworth, Shelley, Keats, and Other Essays, p. 201. Criticism, according to Mr. W. C. Brownell, is the reverse of poetry: "Criticism, then, may not inexactly be described as the statement of the concrete in terms of the abstract." Atlantic Monthly, April, 1911, p. 548. This illuminates the relation between poetry and criticism and the value of the latter.

[2]Essays, "Goethe."

[3]Midsummer Night's Dream, Act V, Sc. 1.

So, according to Aristotle's theory, "A work of art reproduces its original, not as it is in itself, but as it appears to the senses. It addresses itself not to the abstract reason but to the sensibility; . . . it is concerned with outward appearances; it employs illusions; its world is not that which is revealed by pure thought; it sees truth, but in its concrete manifestations, not as an abstract idea."[1]

Poetry, then, like dreams, is concrete; its representation is made "under forms manifest to sense"; perhaps, also, chiefly and characteristically under forms manifest to the sense of sight. The words commonly employed in describing the poet's activity suggest this mainly visual character. He *portrays* and *pictures;* he *imagines;* "imaging," Dryden declares, "is in itself the very height and life of poetry."[2] To the poet, as to the dreamer, is ascribed the power of *vision.*

In dreams we have seen that some incident of the preceding day, which is free of associations, serves as a starting-point or point of crystallization. So the inspired poet often finds in some casual experience — a mountain daisy or a bright star or a region about Tintern — a centre around which his poetical conceptions may gather. Of his famous poem Wordsworth says, for example, "I began it upon leaving Tintern, after crossing the Wye, and concluded it just as I was entering Bristol in the evening. . . . Not a line of it was altered, and not any part of it written down till I reached Bristol." Of this feature of the poetic work, however, the best account is given by Goethe. In Dichtung und Wahrheit, he says that after trying suicide and giving it up he determined to live. "To do this with cheerfulness, however, I required to have some poetical task given me, wherein all that I had felt, thought, or dreamed on this weighty business might be spoken forth. With such view, I endeavored to collect the elements which for a year or two had been floating about in me; I represented to myself the circumstances which had most oppressed and afflicted me: but nothing of all this would take form; there was wanting an incident, a fable, in which I might embody it. All at once I hear

[1]Butcher, Aristotle's Theory of Poetry, pp. 127, 153.

[2]The Author's Apology for Heroic Poetry and Poetic License.

tidings of Jerusalem's death, . . . in this instant the plan of Werther was invented: the whole shot together from all sides, and became a solid mass; as the water in a vessel, which already stood on the point of freezing, is by the slightest motion changed at once into firm ice."[1]

We may suppose, however, from the analogy of the dream that this casual experience contributes only the final touch; and that the essential elements of poetry go back to deeper experience and more settled emotions. It would be difficult to show by direct evidence that poetry generally or often goes back to repressed experiences of childhood. Other considerations, however, suggest that in some respects the parallel holds again here. Poetry has the same freshness and youthfulness we have noted in dreams; it also has upon it the dew of morning and the light of the east. The poet's mind works in a primitive and, without disparagement, childlike way. The poet has the "wild wit, invention ever new," which Gray attributes to childhood.[2] The poet, like Walt Whitman, is "a man, yet by these tears a little boy again."[3] "The moment the poetic mood is upon him all the trappings of the world with which for years he may have been clothing his soul — the world's knowingness, its cynicism, its self-seeking, its ambition—fall away, and the man becomes an inspired child again, with ears attuned to nothing but the whispers of those spirits of the Golden Age, who, according to Hesiod, haunt and bless this degenerate earth."[4]

Indeed the Golden Age, with its clear bright figures, and the Garden of Eden, with its first mortal pair, who were naked yet unashamed, and who had not yet eaten of the tree of the knowledge of good and evil, are in some sense doubtless only beautiful dreams, poetic visions, going back either to the childhood of those who first conceived them or more broadly to the childhood of the race. In these myths is seen most clearly the connection between dreams and poetry which we have been trying to trace. They are the dreams of

[1]Carlyle's translation; Essays, "Goethe."

[2]"Eton College."

[3]"Out of the Cradle Endlessly Rocking." The whole poem is an excellent commentary on our text.

[4]T. Watts, Encyclopedia Britannica, "Poetry."

nations, bearing somewhat the same relation, as Dr. Abraham has shown,[1] to the dreams of the individual which folk poetry bears to the poetry of the individual poet. They are likewise the beginnings of our poetry, and furnish a clear explanation of the working of poetic genius. "The theory which has been applied to the Grecian mythology," says David Masson, "applies equally to the poetic genius in general. The essence of the mythical process, it is said, lay in this, that the earlier children of the earth having no abstract language, every thought of theirs, of whatever kind, and about whatever matter, was necessarily a new act of imagination, a new excursion into the ideal concrete. If they thought of the wind, they did not think of a fluid rushing about, but of a deity blowing from a cave; if they thought of virtue rewarded, they saw the idea in the shape of a visible transaction in some lone place, between beings human and divine." It is this primitive poetical faculty for which Wordsworth would return to paganism, that he may

> "Have sight of Proteus rising from the sea
> Or hear old Triton blow his wreathed horn."

"And so," Masson continues, "with the poetical mode of thought to this day. Every thought of the poets, about whatever subject, is transacted not mainly in propositional language, but for the most part in a kind of phantasmagoric or representative language, of imaginary scenes, objects, incidents, and circumstances."[2] Thus a very recent poet, Arnold, starting with the thought that Shakespeare stands far above other poets, transforms this thought into a picture, sees Shakespeare "o'ertopping knowledge," and then as a hill, which in turn is poetized into a mythical giant:

> "For the loftiest hill
> That to the stars uncrowns his majesty,
> Planting his steadfast footsteps in the sea,
> Making the heaven of heavens his dwelling-place,
> Spares but the cloudy border of his base
> To the foiled searching of humanity."[3]

[1] K. Abraham, Traum und Mythus, pp. 37, 71.
[2] Wordsworth, Shelley, Keats, and Other Essays, p. 229.
[3] "Shakespeare."

"The poet, then," as Professor Woodberry puts it, "seems to present the phenomenon of a highly developed mind working in a primitive way."[1]

The mental faculty which produces poetry is akin to that already described as producing dreams. It might be called the phantasy, the fancy, or the imagination; but since these terms have been unfortunately extended and diverted to new meanings, it may best be called simply the image-making faculty. It will be worth while to consider this matter for a moment historically. The faculty before us is equivalent to the φαντασία, to which Aristotle attributes not only dreams but poetry. This Aristotle defines as "the movement which results upon an actual sensation." In other words, it is primarily the "after effect of a sensation, the continued presence of an impression after the object which exerted it has been withdrawn from actual experience."[2] It is notable that Hobbes, who on this point closely follows Aristotle, translates φαντασία by imagination: "For after the object is removed, or the eye shut, we still retain an image of the thing seen, though more obscure than when we saw it. And this is it the Latins call imagination, from the image made in seeing. . . . Imagination, therefore, is nothing but decaying sense. . . . This decaying sense, when we would express the thing itself . . . we call imagination; but when we would express the decay . . . we call it memory."[3] Bacon employs the word imagination in the same way, and assigns to imagination poetry as its province.[4] Addison, in his instructive papers in the Spectator on the pleasures of the imagination, uses the word, as might be expected, in the classical sense and makes imagination the mark of poetry. Whereas Aristotle, however, uses *phantasy* to include images derived from all the senses, Addison professes to restrict imagination — though he does not in fact entirely so restrict it — to images which "arise originally from sight." From their etymology both words, *phantasy* and *imagination*, apply properly to sight alone; Addison,

[1]The Inspiration of Poetry, p. 13.
[2]E. Wallace, Aristotle's Psychology, p. lxxxvii.
[3]T. Hobbes, Works, ed. Molesworth, Vol. III, pp. 4–6.
[4]Works, ed. Spedding, Vol. IV, pp. 292, 406.

however, is wrong in formally so restricting this faculty, as he himself sees before he finishes his discussion. But "our sight," as Addison remarks, "is the most perfect and most delightful of all our senses"; hence imagination is mainly visual. This, then, is the original use of the word *imagination* in English, as equivalent to the phantasy of Aristotle. Coleridge unfortunately did much to influence thought on the matter during the nineteenth century; his vague or unintelligible observations on the subject, with his attempted distinction between fancy and imagination, have served to obfuscate rather than to clarify it. Imagination has become as indefinite in meaning as poetry itself.

The original signification, however, still forms the core of its meaning, and the best way to secure definiteness of thought is to return to it. The poetic imagination is essentially equivalent to the image-making faculty mentioned above. This faculty, as has been said, lies between sense and intellect. Its images are derived originally from sensations; it in turn furnishes material for thought. In ordinary waking activity it is in a broad sense kept true to reality, reproducing images as they have been derived from the senses, or combining these in a manner approved by the judgment for the practical ends of action. Under other conditions, however,—in abstraction, in sleep, in moments of poetical production, when senses and conscious intellect are in abeyance — then this faculty is freed from responsibility to reality, and is put at the service of the desires. It does not reproduce reality; it produces fiction. Under proper conditions it produces what we call poetry.

In the prose man, in Benjamin Franklin, for example, the imaging faculty works in a prosaic way. It reproduces images truthfully or combines them for practical purposes, under the supervision of the judgment. In the poet, in Bunyan or Shelley, it is constantly and readily placed at the service of the desires or aspirations, producing fiction or poetry. It is seen in its extreme poetical operation in a man like Blake, who easily lost hold on reality, who became habitually a dreamer, visionary, or poet. "I assert for myself," says Blake, "that I do not behold the outward creation, and that it is to me hindrance and not action.

'What,' it will be questioned, 'when the sun rises, do you not see a round disc of fire something like a guinea?' Oh! no, no! I see an innumerable company of the heavenly host, crying, 'Holy, holy, holy is the Lord God Almighty!' I question not my corporeal eye any more than I would question a window concerning a sight. I look through it, and not with it."[1]

> "We are led to believe a lie
> When we see with, not through the eye."

This is the difference between the proseman and the poet. The former sees with the eye the world as it is. The latter sees through the eye — the same organ differently employed — the world as he would wish it to be;— this is what we mean by "second sight." The poet also sees truth, but of a different and higher kind. "What the imagination seizes as beauty," says Keats, "must be truth, whether it existed before or not. . . . The imagination may be compared to Adam's dream; he awoke and found it truth."[2]

From what has just been said of the imaging faculty, together with what has been said above of poetical creation, we may form a new, or at least more definite, conception of that "creative imagination" which is ordinarily ascribed to the poet. This expression, as employed in current criticism, is a vague one, covering — perhaps properly for a complete description — other activities besides the comparatively definite one we have been considering here. We have been dealing with the core of the matter, however, and when we come to understand the "dream-power" of the poet, as Emerson calls it,[3] the creative imagination will have lost most of its mystery. The poet is a creator because, like the dreamer, he creates in an ideal world according to our desires what is wanting in the divinely created world of reality. He pictures it through a faculty which he has in common with the dreamer. That the operation of this faculty in the

[1] A Vision of Judgment. Cf. Shakespeare's "Love looks not with the eye, but with the mind." The lover, as Plato believed, is a kind of poet; cf. p. 119, below.

[2] Letters, ed. Forman, 1895, pp. 52, 53.

[3] "Stand and strive"— thus Emerson apostrophizes the poet — "until, at last, rage draw out of thee that dream-power, which every night shows thee is thine own." Essays, "The Poet."

dreamer is fairly well understood suggests that its operation in the poet is not beyond our comprehension. Its poetical operation is perhaps difficult of analysis, because, like that of the dreamer, it is an unconscious operation and cannot be readily observed. Our parallel, however, suggests obvious lines of investigation which may lead to a definite comprehension of the creative imagination, as it works not only in dreams but in poetry.

It may be objected that the explanation of poetry offered in the preceding pages is quite theoretical, formed without sufficient regard for actual poetry; that in any given poem there is much which is not at all referable to the kind of operation that I have been describing; indeed, that there are many poems which show no trace of this operation and bear no apparent relation to it. In considering this objection the reader will in the first place kindly keep in mind what has already been stated,— namely, that this explanation does not apply to all that goes under the name of poetry, but only to the poetry of primary inspiration. He will remember also that even the inspired poet is not always inspired. He is inspired only in those poems or parts of poems that are most vital and characteristic; elsewhere he is himself only copying the forms of inspiration. He writes perhaps through a long poem in one verse-form; this uniformity tends to conceal the fact that the different parts of the poem are quite different in their nature and inspiration. Some parts are written with vision; they come from the deep unconscious sources that have been referred to. Others are written with the conscious mind; these are the work of the skilful artificer, not of the true poet. The latter parts may contain material of any sort — the actual history and description of Scott or the philosophy which we could so ill spare from Shakespeare — whatever the writer may make congruous with his inspired portions and with his verse-form. By no means all of any poem, therefore, will be poetry in the sense in which we are using the term. One is reminded of Coleridge's dictum that "a poem of any length neither can be nor ought to be all poetry," and of Poe's that a long poem is a contradiction in terms.

A distinction must be made between the poetry origi-

nally formed in the mind of the poet and the poem as it is finally committed to writing. The former is a vision, like a dream of brief duration, coming in the moments of rapture; the latter is the product of extended labor. "A true work of art," says Carlyle, "requires to be fused in the mind of its creator, and, as it were, poured forth (from his imagination, though not from his pen) at one simultaneous gush."[1] Shelley expresses much the same thought: "The toil and delay recommended by critics can be justly interpreted to mean no more than a careful observation of the inspired moments and an artificial connection of the spaces between their suggestions by the intertexture of conventional expressions — a necessity only imposed by the limitedness of the poetical faculty itself; for Milton conceived the Paradise Lost as a whole before he executed it in portions."[2]

The relation between the poetic vision and the literary product will be further explained by another reference to the dream theory. The poetic vision is perhaps subjected to a process similar to that described as taking place in dreams under the name of Secondary Elaboration.[3] This is due to the action of the censor and arises "from the activity, not of the underlying dream thoughts, but of the more conscious mental processes. . . . When a dream is apprehended in consciousness [that is, recollected on waking], it is treated in the same way as any other perceptive content, and is therefore not accepted in its unaltered state, but is assimilated to pre-existing conceptions. It is thus to a certain extent remodeled so as to bring it, so far as is possible, into harmony with the other conscious mental processes."[4] So when the poet brings his vision out of the region of inspiration into the everyday world, when he comes consciously to recollect and record it, he doubtless inevitably modifies it to bring it into harmony with his ordinary waking thought. When, for example, Shelley recorded his vision in what Trelawny describes as a "frightful scrawl," even in this scrawl made almost in the moment of rapture, he doubtless

[1]Essays, "Richter."
[2]Defense of Poetry, ed. Cook, p. 39.
[3]Die Traumdeutung, VI (h).
[4]E. Jones, American Journal of Psychology, Vol. XXI, p. 297.

lost something of his original inspiration. And when the next morning — to use his own words — he made from this rude sketch a finished drawing, he doubtless lost still more. He had to find words for his vision in the language of this world, he had to mould it in a conventional metrical form, he had to give it local habitation in a world of prose. There was more poetry in Shelley's heart than could find expression in the finished lyric. "The most glorious poetry that has ever been communicated to the world," says Shelley himself, "is probably a feeble shadow of the original conceptions of the poet."[1] Truly — to paraphrase Emerson — it is in the soul that poetry exists, and our poems are poor, far-behind imitations. At best parts of them are faintly animated by the authentic poetical inspiration.

IV

We must now return to those "desires of the mind," as Bacon calls them, which supply the motives to poetical activity. Every man may be regarded as made up of those desires which form his native and basic character — of those "cravings," to use Nietzsche's phrase, which "constitute his being."[2] These are constantly changing, some quickly passing, others perhaps long remaining; but at any moment each man has a certain number of cravings, which, as Nietzsche says, call for sustenance; he has a certain number of demands upon life which he wishes to have satisfied in his experience. These demands are of all sorts from the personal and immediate bodily desires, like those for food and drink, to the most elevated aspirations — like the one, for example, which Matthew Arnold insisted upon, that reason and the will of God shall prevail. The main desires are those which serve the preservation of life and the propagation of the species. Perhaps about these all the others gather; the others are these great main desires extended, specialized, and diffused. Whatever their nature, higher or lower, their working is the same for our purposes if a man desires them with heart and soul. These desires form his character, they furnish the motive energy for his life. They

[1] Defense of Poetry, ed. Cook, p. 39.

[2] The Dawn of Day, p. 116.

set in motion his activities, these being calculated to secure, if possible, the appropriate gratification.

Our comfort and happiness, we may presume, comes from such gratification. That man would be completely happy whose desires naturally aroused the proper activities, and whose activities successfully attained their end in gratification; between whose desires and experience there was perfect correspondence. On the other hand, a man would be entirely comfortable in mind and body if his desires could be eradicated; he might approach happiness by eliminating his desires, for, as Carlyle observes, you get the same result either by increasing the dividend or by decreasing the divisor. Complete happiness, however, is denied in both these directions; not even the most fortunate man finds all his desires gratified; and, on the other hand, by no sort of stoicism can man reduce his demands on life to the point of vanishing. Thus every man inevitably has his desires, some of which must be satisfied at the peril of his life, others of which are only a little less imperative, all of which are insistent.

Of the whole number of desires some are gratified, and thus ended; others, in seeking or contemplating gratification, encounter obstacles, giving rise to disappointment, hunger, and pain of heart.

These obstacles arise in outside circumstances in various ways. A man may desire something, act in order to obtain it, and find it literally snatched away from him by another. He may see that gratification is impossible and not act at all; the obstacle in this case arises in his own mind antecedent to action. He may wish for something that is physically impossible to obtain — to add a cubit to his stature or to bring back his departed friend. More often, however, he meets not a physical but, we may say, a moral obstacle. He wishes for something which he does not think it right, which he knows that others will not think it right, that he should try to obtain. He must consider appearances, custom, moral obligations, laws human and divine. Thus a man may be prevented from going to church in tennis flannels, or proclaiming his real opinion on trial marriages, or bearing false witness against his neighbor, though he may

have the strongest impulse toward any of these things. The obstacle is not actual and physical; it exists only in his own mind in his moral scruples; it none the less prevents the satisfaction of his desire.

Thus there arises a conflict between the individual's impulse and his regard for the authority of what in sociology is called the herd. Life sometimes seems a psychic war between man and society, with battles waged on the field of the mind,— that is, in the mind of the single individual,— blows, even death blows, being given upon this field. The conflict runs through life. Conduct is the result of a series of compromises or adjustments between impulse on the one hand and authority, duty, or conscience, on the other. In dress, for example, this is symbolized; in dress we express our own taste within the limits of fashion. In our writing we give utterance to our own thought and feeling in accordance with the traditions and usages of language in the prosaic and poetic styles. In manners we act as we like, so far as our breeding or training will allow. In moral matters we follow the devices and desires of our own hearts, so far as our moral obligations will permit. There is everywhere this conflict between impulse and authority, resulting in compromises more or less satisfactory. The Mill on the Floss is a study of such a conflict, in which the individual, the environment, and the reaction of one upon the other, with its results, are put before us by a master.

Our desires are primary and innate, our regard for outside opinion acquired. The savage is a man of ungoverned passions; civilization is a long training in self-government; the civilized man has come to feel the moral obligations sensitively and to respond to them by second nature. This response, however, never becomes better than second nature; our first nature being always to follow our own desires. In the same way the child is morally still in the savage state. He is born with his own native character, completely an individual. He expresses himself naturally and lawlessly in acts and speech. He satisfies his desires selfishly, eating and sleeping, and as he grows older, loving his mother who feeds and cares for him — in this way first learning what love is. He has no altruism, frankly disliking his rivals,

perhaps his brothers, who interfere with him,— having no compunction, as investigation has shown, in wishing them removed by death. Soon, however, he begins to feel the force of authority, and to learn from parents and playmates the meaning of duty, obligation, and manners. "Shades of the prison-house begin to close upon the growing boy," and "the years bring the inevitable yoke." His education is a long training in the government of the impulses, in repression,— a conservative and conventionalizing process undertaken by society in its own interest. Youth is subdued by age until youth becomes age; the young man becomes not merely an individual, but a member of society, helping in turn to impose the authority of society upon others. Thus the child, we may say, the moment he is born begins to die. The spirit first animates the mortal clay and then is quenched by it. For the spirit of life is in these impulses, and the hand of authority is the hand of death. The dying is life-long, however; it is, as we have seen, a protracted conflict:

> "Life, like a dome of many-colored glass,
> Stains the white radiance of eternity
> Until death tramples it to fragments."[1]

In waking hours, in hours of attention and action, man feels his connection and responsibility; he feels the full weight of authority. In sleep, in abstraction, in solitude, he feels this weight fall away; he becomes an individual; he begins to dream. As dreamer and poet he returns, as we have seen, to childhood and the individual life,— to

> "Those first affections,
> Those shadowy recollections,
> Which, be they what they may,
> Are yet the fountain light of all our day
> Are yet the master light of all our seeing."[2]

This is a truth which all of us except the poets have forgotten — that life and vision and poetry, which belong to us all until we die, belong in fullest measure to childhood. We see it symbolized in the early religious paintings of the holy child in his mother's arms, his head surrounded by

[1]Shelley, "Adonais."
[2]Wordsworth, "Intimations of Immortality."

the halo, with the inscription, "I am the light of the world." We read it in the quaint poems of Vaughan who, shining in his angel-infancy,

> "Felt through all this fleshly dress
> Bright shoots of everlastingness."

We read it everywhere in Wordsworth, above all, in the wonderful Ode, which is its best exposition:

> "Heaven lies about us in our infancy!
> Shades of the prison house begin to close
> Upon the growing boy.
> But he beholds the light, and whence it flows,
> He sees it in his joy;
> The Youth who daily further from the East
> Must travel, still is Nature's priest,
> And by the vision splendid
> Is on his way attended;
> At length the Man perceives it die away
> And fade into the light of common day.
>
> . . . . . .
>
> "Thou whose exterior semblance doth belie
> Thy soul's immensity;
> Thou best Philosopher, who yet dost keep
> Thy heritage, thou Eye among the blind,
> That deaf and silent, read'st the eternal deep,
> Haunted forever by the eternal mind,—
> Mighty prophet! Seer blest!
> On whom those truths do rest,
> Which we are toiling all our lives to find,
> In darkness lost, the darkness of the grave;
> Thou, over whom thy Immortality
> Broods like the day, a Master o'er a Slave,
> A Presence which is not to be put by;
> Thou little child, yet glorious in the might
> Of Heaven-born freedom on thy being's height,
> Why with such earnest pains dost thou provoke
> The years to bring the inevitable yoke,
> Thus blindly with thy blessedness at strife?
> Full soon thy soul shall have her earthly freight,

And custom lie upon thee with a weight,
Heavy as frost, and deep almost as life!"[1]

The true poet is born, not made. The acquirements which are so much in demand for practical and social ends come by education; the impulses which are the life of genius, especially of the poetic genius, are innate, a heritage through childhood. The possession of these in a marked degree and quality, which distinguishes those we call specially poets, comes as a gift from nature.

The desires of mankind furnish the energy which moves the world and makes for progress. In each man they promote his activities and lead to accomplishment, inspiring him to find a way to this and as a means to invent the useful arts. "Magister artis ingenique largitor venter."[2] Necessity is the mother of invention — not only in the useful arts but in the fine arts also. It is these desires, as has been said, which inspire dreams by night and by day, including the dreams of the poet. Not finding outlet in activity and denied actual gratification they provide for themselves a fictional gratification, creating through the imagination what is wanting in reality. They create an ideal world, parallel with, but above and beyond that of reality; "a purified form of reality," according to Aristotle, "disengaged from accident, and freed from conditions which thwart its development";[3]— an ideal world, which, we may imagine, through some pre-established harmony between mind and nature, the world of reality tends to approach and grow into. Those arts in which this dream power is at work we call the fine arts; they have what we call ideal beauty, and give us a pleasure of gratification.

These desires do not, however, express themselves in dreams or poetry unhampered — except, we may imagine, in children. They meet that opposing force of authority which gives rise to the censor of the dream theory and to the cor-

[1]Compare Wordsworth, "Composed upon an Evening of Extraordinary Splendour and Beauty," IV, with its reference to dreams; "Personal Talk"; "Prelude," Book II; Shelley, "A Lament"; Hood, "I Remember"; Gray, "Eton College"; Longfellow, "The Hanging of the Crane."

[2]Persius, Prologue, I, 10.

[3]Butcher, Aristotle's Theory of Poetry, p. 150.

responding regulative, controlling, and disintegrating force which is at work in the production of poetry. Here again life animates the mortal clay and is in turn quenched by it. The poetic spirit finds its incarnation and partial expression in the fictions and conventional forms which we call poetry. In poetry the word is made flesh.

We have been considering mainly the individual poet. We may perhaps regard man as a microcosm of mankind, and the larger life of mankind as the resultant from the same conflict of opposing forces,— between the individual and society, between men taken separately and men taken together as a unit. We may perhaps regard imaginative literature as a whole — the literature, for example, of a period or a nation — as determined by these same opposing forces.

The terms *classicism* and *romanticism* have been common in literary history and criticism. They have been often abused and often used vaguely. Every student of literary history, however, knows that they relate to actualities, that they serve to name, if not to explain, certain observed facts and tendencies in literature. The difficulty is not with the terms, but with the definition or explanation of them. Accounts of the so-called "romantic movement," for example, give instances and characteristics which everyone feels to be somehow "romantic" and related, but do not amount to satisfactory explanations, because they do not unify the phenomena by bringing them under a cause or principle. The principles which best explain romanticism and classicism are well stated in two words by Walter Pater, as "the principles of liberty, and authority, respectively."[1] These principles, Pater says, are not mutually exclusive, but rather complementary. "However falsely those two tendencies may be opposed by the critics, or exaggerated by artists themselves, they are tendencies really at work at all times in art, molding it, with the balance sometimes a little on one side, sometimes a little on the other, generating, respectively, as the balance inclines on this side or that, two principles, two traditions, in art and in literature."[1] Literature, in other words, is the result of a conflict between

[1] Appreciations, "Postscript."

the individual impulse, the life-giving and progressive principle, on the one hand, and the power of authority, the controlling and conservative principle, on the other. Both of these forces are always at work; but according as one or the other has in any period the upper hand, we call that period romantic or classical.

The literature of England and generally of Northern Europe is romantic; that is, in the northern literature the vital impulse has always more than held its own against the force of authority. The conflict, however, has been strenuous. The northern genius expressed itself characteristically in the Gothic architecture of the Middle Ages. We can understand this expression if we think of these northern peoples as they first appeared in history, full of youth and life and energy, with strong bodies and strong emotions; if we think of them subjected, in a comparatively brief time, through their introduction to civilization and Christianity, to the control of older laws and the ordinances of a religion which placed the main emphasis on the mortification of the flesh. Their pent energy expressed itself in this architecture, the product of great genius under unwonted pressure; it was forced up into the points and pinnacles, broken into the colors of the windows, tortured into the grotesque forms and monstrous figures of the decorations. It subjected itself to form — to a form, however, which it seems to tolerate uneasily, which it threatens to throw off in order to secure its liberty. This is characteristic of the northern art and literature, which retain a wildness, grotesqueness, and freedom to the present day.

We may be sure that the human creative energy, like energy in every other form, comes not constantly but intermittently, or in waves,— waves century long, however, so that we can look back over only a small number of these in our literary history. The Elizabethan period felt such an influx of energy. It was a time of individualism, of youth, of progress, and therefore, as we should expect, a time of initiative, activity, curiosity, invention, imagination. "To vent the feelings, to satisfy the heart and eyes, to set free boldly on all the roads of existence the pack of appetites and instincts, this," says Taine, "was the craving which

the manners of the time betrayed."[1] In the world of action it produced men like John Smith, a kind of great boy, as fresh, active, and adventurous as Ulysses. In the world of letters it produced men like Christopher Marlowe, the type of genius fresh and uncontrolled,— a man who

> "Had in him those brave translunary things
> That the first poets had."[2]

Its writers were full of passion, originality, and imagination; they were impatient of form as form, having a natural rather than a traditional art; as artists they were naive, even boyish, playing and experimenting with literary forms and with language, fond of the verbal conceits and jingles that boys delight in. Shakespeare is a good representative of this remarkable time.

While Shakespeare lived, however, the wave began to recede, and in the Jacobean writers passion grew pale and imagination feeble. The force of authority asserted itself. Ben Jonson and his classical followers were not satisfied with Shakespeare's natural art; to them Shakespeare wanted art. "Sufflaminandus erat," said Jonson,[3] — "he ought to have had the brakes put on him"—and this sums up the attitude of authority toward Shakespeare and its hostility to the romantic spirit. Dryden's expression, however, may be added. Representing the adult and Frenchified criticism of the Restoration, with the air of a man who has grown and traveled, he says of the boyish exuberance of the Elizabethans — "Their wit was not that of gentlemen," and "it frequently descended to clenches."

The classical critics found standards for judging the Elizabethans where they are usually found — in the past. The effort of authority is always to bind the present by the past. Modern writers, it should be noted, may return to the classics for two purposes,— some, like Marlowe and Keats, to stand "up to the chin in the Pierian flood," and to

[1]History of English Literature, Book II, Chap. I, Sec. 3.

[2]Drayton, "To H. Reynolds."

[3]Jonson, Timber, and Dryden, Dramatic Poetry of the Last Age. Both Jonson and Dryden, in speaking of Shakespeare, more often acknowledge their kinship and admiration; but then they are not speaking with the voice of authority.

live with those first poets who "are yet the fountain light of all our day"; others, like Jonson and Pope, to find laws and precedents. The former go generally to Homer and the Greeks, the latter to the Latin poets, particularly to Horace. The main characteristic of the writers in our so-called classical period was not that they returned to the classics, or that their work is marked by traits conspicuous in the classics, but that they made authority the guide of life and sought authority in Homer and Virgil, Aristotle and Horace.

> "Hear how learned Greece her useful rules indites,
> When to repress, and when indulge our flights.
>
> "Learn hence for ancient rules a just esteem;
> To copy nature is to copy them."[1]

The period from the Restoration to the end of the eighteenth century is best explained by this key idea. It was social, frowning upon individuality — a time of rigid conventionality, when one man was expected to be like another in dress, manners, language, and style. It was sophisticated and cynical,— as if age had come upon it since the time of Shakespeare,— "a decrepit, death-sick era," Carlyle calls the latter part of it. It was reflective and critical rather than progressive and creative. It was strong in its common sense, which recognizes the demands of society. In literature it was an age of prose and reason; it produced satires and novels; it perfected the heroic couplet. It produced men like Pope and Chesterfield and Franklin, sane men, who saw no visions and had no illusions. A very valuable period this no doubt was too; not to be underestimated, but rather to be seen for what it is; for, if man cannot live by bread alone, in this world at any rate bread is necessary; man must think as well as dream; art is necessary as well as inspiration, and we may suppose the eighteenth century well spent in criticism and reflection.

The nineteenth century, however, broke the bonds of authority and reasserted the power of the individual. Rousseau sounded the new note in the first page of his Confessions: "I am not made like any one else, I have ever known; yet

[1] Pope, "Essay on Criticism."

if I am not better, at least I am different." These words introduce another era of creative energy:

> "Bliss was it in that dawn to be alive;
> But to be young was very heaven."[1]

We need not stop to characterize this "romantic movement," with its rejuvenation of English life and literature, except to note that one of its traits was a strain of melancholy, morbidity, and madness, which hardly finds its parallel in the earlier romantic era. The author of Hamlet must have sounded the gloomy depths of the human mind, but he always kept up appearances. The abandonment of Rousseau, of Werther and René and Childe Harold, is new in the nineteenth century. There is an apparent difference in mental constitution between the men of letters of this period and those of the eighteenth century. The latter — Addison, Steele, Pope, Fielding, Johnson, Goldsmith, Burke — whatever their bodily infirmities, were pre-eminently sane in mind. Even Swift, whose insanity was probably due to physical causes, could look at life clearly. The romantic writers, with the exception of Scott,— Chatterton, Cowper, and Blake; Wordsworth,[2] Coleridge, and Southey; Byron, Shelley, and Keats; Hazlitt, Lamb, and De Quincey — all these were in some way mentally eccentric or abnormal. For one reason or another they would have seemed "strange" to a belated observer from the polite and sensible eighteenth century. It would seem — if a conclusion can be drawn from evidence like this —that something in the romantic temper, with its individualism, its passion, its fondness for solitude and hatred of society, were conducive to mental aberration. Perhaps an explanation for this will be found in the following pages.

We have seen that life may be regarded as a conflict between the individual and society; that poetry has its origin in a conflict between the poet's egoistic desires or impulses on the one hand and his regard for what we have called authority on the other; that, to some extent at least,

[1]Wordsworth, Prelude, Book XI.

[2]Some readers may object to the inclusion of Wordsworth here, and I have no objection to omission.

literature may be explained as resultant from a similar conflict between similar opposing forces. In this same conflict will perhaps be found the explanation of another peculiarity of poetic production which we have not yet considered. Let us see.

V

We shall have to return again to the desires of the mind. Satisfied desires are ended. Unsatisfied desires give rise to feelings of *dis*satisfaction, to unpleasant or painful sensations, to some degree of emotional disturbance,— if this disturbance is severe, to what we call passion. This is what we have in mind when we say colloquially that we are passionately fond of a thing, or simply that we have a passion for it.[1] The word passion is commonly applied to one of our main or fundamental desires, the sexual one, and only when satisfaction of this desire is deferred; the satisfied lover is no longer passionate; it is only the lover who is separated from his mistress who is consumed by passion. It may be thought that the passion of love is mainly pleasurable but observation will probably show, as a consideration of its nature will suggest, that its main element is one of dissatisfaction and unpleasurable.[2] As this is the one of our fundamental desires which most often conflicts with external authority, in some one of its forms — as this desire is most often subject to repression—it probably is most often relieved in dreams and poetry.[3] A great part of imaginative literature — not merely love poems and tales, but much which on its face does not relate to this subject — is probably a sublimated expression of the sexual desire. This throws light also on the analogy, which is suggested by language and by other evidence, between actual or physiological

[1]The reason why we say we are "mad" or "crazy" about a thing will appear in a moment.

[2]Cf. Freud, Three Contributions to the Sexual Theory, translated by A. A. Brill, p. 60.

[3]This statement, as far as it concerns dreams and neurotic manifestations, is supported by the investigations of Dr. Freud. Dr. Freud has been blamed for the preoccupation of his psychology with the sexual. It may be noted that imaginative literature is preoccupied with the same subject, particularly plays and novels.

creation and imaginative creation; this analogy is not fanciful.[1]

The unsatisfied lover proverbially breaks out in verse, taking refuge in this indirect expression and gratification when others more actual are denied him. The lover on the authority of Shakespeare is one of those who are of imagination all compact. According to Shakespeare, also, unsatisfied love leads to madness. Romeo is thought next door to it. "Why, Romeo, art thou mad?" Benvolio asks him, and Mercutio calls, "Romeo! humours! madman! passion! lover!" Hamlet is in love, and thought by Polonius, who is doubtless not entirely wrong, to be "from his reason fall'n thereon." Hamlet, by the way, also has "bad dreams." Ophelia goes mad for love:

> "O heavens! is't possible, a young maid's wits
> Should be as mortal as an old man's life?
> Nature is fine in love, and where 'tis fine,
> It sends some precious instance of itself
> After the thing it loves."

Ophelia's songs, moreover, are the appropriate expression of her thwarted love and consequent madness — a natural poetry, well illustrating, though they are only those of a dramatis persona, what we have said of the origin of poetry.[2]

Ophelia illustrates also some earlier lines of Shakespeare, for she is at once lunatic, lover, and poet:

> "Lovers and madmen have such seething brains,
> Such shaping fantasies, that apprehend
> More than cool reason ever comprehends;
> The lunatic, the lover, and the poet
> Are of imagination all compact."[3]

There is much meaning condensed in the celebrated passage in which these lines occur, and it may be reperused with

[1] See the section on this subject in Ribot, L'Imagination Créatrice, p. 62.

[2] It may be urged that, as Mrs. Jameson suggests, Ophelia is here recalling snatches of old ballads heard in infancy; but the expression is at any rate a poetic one, in the sense of this discussion; and, being doubtless in part at least extempore, it represents just that fusion of elements from childhood and recent experience which we have found to be characteristic of the poetic expression in general.

[3] Midsummer Night's Dream, Act. V, Sc. 1.

profit by anyone who has followed this discussion thus far.[1] The point in it to our present purpose is the common character which Shakespeare attributes to the lover,— or may we say generally the man unsatisfied? — the madman, and the poet.

Not every man who wants gratification, of course, is mad in the ordinary sense of the term. The fact is only this: that the conflict we have described between the desires and fact or authority produces friction, heat, emotional disturbance, which tends to impede and incapacitate "cool reason,"— which, if carried far enough, will completely overthrow it and end in irrationality and madness. The mental condition of ecstasy may even be brought on artificially — as it was by St. Simon and others — through fasting, sexual abstinence, and isolation. Now the conflict between desire and fact or authority is characteristic of the poet, and in the poet also it produces friction, emotional disturbance, a suspension, even an unbalancing of the reason — what we call the poetic madness.

Light is thrown on this subject by recent investigations in mental pathology. Dr. Freud and others have found that many cases of psychoneurosis, ranging from slight mental disturbances to what would amount to legal insanity, are due to the noxious effects of repressed material in the mind. In these cases the patient has at some time, perhaps even in childhood, felt certain strong desires; he has found these for some reason incompatible with the facts of life, and has consequently repressed them. They are thus driven back into unconsciousness; the patient himself has no knowledge of them. They continue operative, however, causing various neurotic symptoms — day dreams, violent hallucinations, involuntary speeches and actions — which provide for them, so to speak, a symbolic fictional gratification.[2] For example, the speeches and actions of the patient, through a species of

[1]It is notable that this passage occurs in the most poetical of Shakespeare's dramas — one which he entitled a dream, and which has many dream qualities. One might imagine that his attention had been called to the "dream power" by his own mental experiences, and that he pondered the subject which we are trying to discuss here.

[2]See K. Abraham, Jahrbuch für psychoanalytische und psychopathologische Forschungen, Vol. II, "Uber hysterische Traumzustande."

"displacement" or transference, one thing standing for or symbolizing another through obscure associations, become an unusual or abnormal outlet for unconscious impulses, to which on their face they seem in no way related. Thus nervous or hysterical manifestations which once seemed meaningless and mysterious are now traced to their definite origin in the patient's mental processes. If these unconscious desires are brought to light, rationalized, and given proper expression their noxious influence ceases and the strange symptoms disappear; and this fact has supplied a cure of practical value in such cases. The repressed material forms a "painful and disturbing element in the organism," to use the phrase employed by Professor Butcher in describing the Aristotelian *katharsis*, and the cure consists in the "elimination of alien matter." Now to apply this to the subject in hand — here is a mental derangement or madness, resulting from what may be called mental friction, produced by the conflict between desires and obligations. The poetic madness is analogous, arising in the same conflict, and poetry is in some respects analogous to the neurotic symptoms noted above. Ophelia's songs will perhaps again serve to bridge for the reader's mind the gap between the two: we may suppose these songs to be not only natural poetry, as we have seen, but the manifestation of a neurosis.

So, if, as Keble says, "to innumerable persons poetry acts as a safety-valve, tending to preserve them from mental disease," it is from a disease of this sort, from what would be called in modern pathology a neurosis. As the reader will remember that dreams have a similar function, it is not remarkable that Dr. Freud has found that the dreams of his neurotic patients deal largely with the same subject-matter which gives rise to their neurotic symptoms. So much is this true that the patient's dreams supply one of the means regularly employed in discovering the hidden causes of the disease. It is not strange, moreover, that poets should be, as we have seen, great dreamers, since their mental condition is one approaching a neurosis.

This will help to explain recent works, like those of Dr. Nordau and Lombroso, which attempt to show that poets are often "degenerates," and the ease with which they

supply evidence lending apparent support to their theories. Such evidence can be found in the lives of many poets. These poets are not, however, degenerates;[1] they are not even necessarily to be called abnormal or diseased. The mental sanity of the poet has been often questioned. Lamb, in a well-known essay, defends the "sanity of true genius."[2] Heine suggests the opposite view: "Oder ist die Poesie vielleicht eine Krankheit des Menschen, wie die Perle eigentlich nur der Krankheitsstoff ist, woran das arme Austertier leidet."[3] It is, however, alike vain and unscientific to discuss the question whether poets are mentally diseased or not, the line between mental health and disease being a vague or imaginary one; and the poet at most only showing in greater degree traits which are common to all men, all men being dreamers, poets, and neurotics in some measure. We can only say that poets are inevitably subject to mental disturbance, which may go so far as to make them "peculiar" or incapable of discharging the ordinary duties of society.

Let us return to the emotional disturbance regularly incident to the production of poetry — to the classical poetic madness. This word must apply to various kinds of disturbance,— at least to the same disturbance in very varying degrees. With Sir Walter Scott we may suppose madness to have amounted only to a genial glow, perhaps for the reason that his ruling passion was of a mild kind, of long duration, and, so to speak, diffused. For, as Keble observes, "the mind has its ἤθη as well as its πάθη, — its permanent tastes, habits, inclinations, which, when directly checked, are as capable of relief by poetical expression as the more hidden and violent emotions."[4] With a poet like Shelley the madness may rise to a higher but temporary disturbance — a rapture or even a fine frenzy. With Coleridge, or De Quincey, or Poe, it may take peculiar forms because complicated with the effects of alcohol or opium, resorted to perhaps for alleviation, the poetic product in these cases having

[1]See the argument in Hirsch, Genius and Degeneration.
[2]Essays of Elia, "The Sanity of True Genius."
[3]Die Romantische Schule, II, iv.
[4]The British Critic, Vol. XXIV, p. 439.

quite unusual coloring. With Blake it may be an almost uninterrupted and life-long ecstasy, to his friends indistinguishable from insanity. Finally, it may lead to, or at least be associated with, actual madness, as, perhaps, in Cowper or de Maupassant. In the cases of Ben Jonson, Swift, and Southey, who were attacked by insanity, we cannot be sure what connection, if any, there was between the poetic faculty and the mental derangement. In Lamb we feel perhaps that the dream power, the poetic madness, and the insanity were somehow closely connected. Perhaps an average or typical case would be that of Byron, who says in Childe Harold:

> "I have thought
> Too long and darkly, till my brain became,
> In its own eddy boiling and o'erwrought
> A whirling gulf of phantasy and flame."

Or, as he says in his letter, after speaking of this poem as his favorite: "I was half mad during the time of its composition, between metaphysics, mountains, lakes, love unextinguishable, thoughts unutterable, and the nightmare of my own delinquencies."[1] We do not know, however, definitely what Byron means by this half madness.

The madness is different in character and degree in different poets; but, in some sense and in some degree, the true poet will always be mad. We have it on the authority of a long line of poets and critics, reaching back to the oldest. The *locus classicus* occurs in the well-known passage in the Phædrus, in which Socrates is made to divide madness into four kinds.[2] Of these the first and the fourth belong to the prophet and the lover. The second is less familiar to us; it is the madness which "purges away ancient wrath," emotional excitement being used, apparently in the way described by Aristotle, to drive out harmful emotional disturbances, by a homeopathic and cathartic method, restorative of mental sanity.[3] "He who has part in this gift," says Plato, "and is truly possessed and duly out of his mind, is by the use of purifications and mysteries made

[1]Childe Harold's Pilgrimage, III, vii; Letter to Moore, Jan. 28, 1817.
[2]Jowett's Translation, Vol. I, p. 450; cf. Ion, Vol. I, p. 502.
[3]Cf. p. 45, note 5.

whole and exempt from evil." Then comes the poetic madness. "The third kind is the madness of those who are possessed of the Muses; which taking hold of a delicate and virgin soul, and there inspiring frenzy, awakens lyrical and all other numbers; with these adorning the myriad actions of ancient heroes for the instruction of posterity. But he who, having no touch of the Muses' madness in his soul, comes to the door and thinks that he will get into the temple by the help of art — he, I say, and his poetry are not admitted; the sane man disappears and is nowhere when he enters into rivalry with the madman."

Aristotle's expressions on this subject are in substantial agreement with Plato's, though they introduce a new element. Aristotle also believes poetry to be "a thing inspired."[1] In the Poetics, however, he says it "implies either a strain of madness or a happy gift of nature." That is, he divides poets into two classes, the ἐκστατικοί and the εὔπλαστοι — on which Keble bases his distinction between the poets of primary and the poets of secondary inspiration. Just as an actor can get his effect, either by abandoning himself and living through all the feelings of the character he represents, or, on the other hand, by a cool and deliberate mimicry; so the poet must be either "filled with fury, rapt, inspired," or he must be capable, by a flexible assumption through conscious art, of writing as if he were inspired. Shelley was a poet of primary inspiration. Dryden, on the other hand, "had in perfection the εὐφυία, the versatility and power of transforming himself into the resemblance of real sentiment, which the great philosopher has set down as one of the natural qualifications for poetry, but he wanted the other and more genuine spring of the art—τὸ μανικόν — the enthusiasm, the passionate devotion to some one class of objects or train of thought."[2] Aristotle thus agrees with Plato except that, to cover the facts as he finds them, he broadens his conception of poetry to include that of secondary as well as that of primary inspiration — just as a critic of the whole body of our poetry would have to do to-day. Aristotle's expression, however, adds nothing for

[1]Rhetoric, III, 7; Poetics, XVII, 2.
[2]British Critic, Vol. XXIV, p. 438.

our purpose; as has been said, we are concerned only with the εκστατικοί; when they are explained the mysteries of poetry will have been cleared up.

Other expressions to the same effect are common in classical writers, and doubtless go back to these passages in Plato and Aristotle. "Poetam bonum neminem," says Cicero, giving as authorities Plato and Democritus, "sine inflammatione animorum existere posse, et sine quodam afflatu quasi furoris."[1] Plutarch explains verse as arising from this madness: "But above all, the ravishment of the spirit or that divine inspiration which is called *enthusiasmus*, casteth body, mind, voice, and all far beyond the ordinary habit; which is the cause that the furious raging priests of Bacchus . . . use rime and meeter; those also who by a prophetical spirit give answer by oracle, deliver the same in verse; and few persons shall a man see starke mad, but among their raving speeches they sing or say some verses."[2] Seneca attributes to Aristotle the saying, "Nullum magnum ingenium sine mixtura dementiæ fuit."[3]

The English poets in turn have taken the idea from the classics. Ben Jonson quotes it from Seneca, Plato, and Aristotle;[4] and Dryden translates from Seneca, "Great wits are sure to madness near allied."[5] Pope, probably on classical authority, attributes to Spleen "the hysteric or poetic fit."[6] It is unnecessary, however, to suppose that the idea is native only to the classics. Our old word *wood* or *wode*, meaning mad, is believed to be etymologically connected with *woδ*, a song, and with the Latin *vates*, a seer or poet,— suggesting that recognition of the poetic madness is very widespread and older than Plato. So when Drayton writes of Marlowe,

> "For that fine madness still he did retain
> Which rightly should possess the poet's brain,"[7]

and when Shakespeare speaks of the "poet's eye in a fine

[1] De Oratore, II, 46; cf. De Natura Deorum, II, 66.
[2] Morals, Symposiacs, i, 5. Holland's translation.
[3] De Tranquillitate Animi, XV, 16.
[4] Timber, ed. Schelling, p. 75.
[5] Absalom and Achitophel, I, 163–164.
[6] The Rape of the Lock, IV, 60.
[7] "To H. Reynolds."

frenzy rolling," these writers are not necessarily indebted to Plato for the idea. Indeed Shakespeare seems to have thought most independently and deeply of all on this subject, for the passage in the Midsummer Night's Dream, taken with lines of similar import in other plays, gives a clue to the whole truth in the matter.[1]

Wordsworth's lines in The Prelude bear on this, as upon other matters we have been considering:

> "Some called it madness—so indeed it was
> If childlike fruitfulness in passing joy,
> If steady moods of thoughtfulness matured
> To inspiration, sort with such a name;
> If prophecy be madness; if things viewed
> By poets of old time, and higher up
> By the first men, earth's first inhabitants,
> May in these tutored days no more be seen
> With undisordered sight."[2]

The poet's madness is not, as so many have thought, a sign of weakness, abnormality, or degeneration, but rather of power. As Professor Woodberry remarks, it "denotes nothing abnormal, but is rather an unusually perfect illustration of the normal action of emotion in a pure form."[3] So Emerson, seeing in such madness the only escape from American materialism and conformity, exclaims: "O Celestial Bacchus! drive them mad,— this multitude of vagabonds, hungry for eloquence, hungry for poetry, starving for symbols, perishing for want of electricity to vitalize this too much pasture, and in the long delay indemnifying themselves with the false wine of alcohol, of politics, and of money." Nietzsche, likewise, imagines the productive minds of all ages seeking madness, which he recognizes as arising from the conflict of genius with the "morality of customs": "Oh, ye powers in heaven above, grant me madness! Madness that I may at least have faith in my own self! . . . Doubt is devouring me; I have slain the law, and the law haunts me, even so as a dead body does a living being. If I am not above the law I am the most depraved of all men.

[1]See references in M. Luce, Handbook to Shakespeare, pp. 31–45.

[2]Book III.

[3]The Inspiration of Poetry, p. 13, quoting the following from Emerson.

The spirit which dwells within me, whence comes it, unless it comes from you? Grant me proof that I am yours; nothing but madness will prove it to me."[1] Thus madness is to be desired, even prayed for. It suspends the reason and opens the heart; and the heart sees further than the head. "From insanity," said Plato, "Greece has derived its greatest benefits."

We have perhaps advanced no great way toward a complete understanding of the poetic madness. We have made some progress, however, if instead of calling it merely a "celestial inspiration," we connect it with other things with which we are familiar, and recognize in this matter also the common character of poetry, dreams, and the manifestations of hysteria. The evidence on this head has led us to the following conclusions which may be presented here by way of summary. Our desires demand satisfaction, and in their satisfaction we secure pleasure, relaxation, sanity of mind and body. Our desires, however, cannot be completely satisfied, nor are we destined to secure complete health and happiness. While one desire is being satisfied new ones are springing up, keeping in advance, leading to new energy, and new activity — to all that makes up our lives as far as action and accomplishment are concerned. Some of our desires, however, cannot be satisfied, because they conflict with fact or authority; thus wanting indulgence or expression they are, so to speak, forced back and dammed up. They then give rise to conditions of torpidity, tension, inflammation — that is, to emotional disturbances, according to their nature and importance of varying degrees of intensity. Of these disturbances the tension accompanying dreams, the neuroses we have mentioned, and the poetic madness are alike instances. This condition, moreover, requiring to be relieved, or purged, such relief or purgation is afforded in dreams and poetry, as we have described, through a shadow of satisfaction, which affords a pleasure akin to actual satisfaction. Hence the comfort that lies in the writing or reading of poetry, and hence one source of the pleasure we derive from poetry as from all art; it is a pleasure of satisfaction, bearing the same relation to actual pleasure which the ideal

[1]The Dawn of Day, Sec. 14.

bears to the real; one is the ethereal counterpart of the other.

The relief or purgation just spoken of, moreover, is accomplished in a manner contributing finally to the good of the organism or the race as follows. Poetry, with its allied mental productions, presents before our eyes a picture, not of the world as it is, but of the world as we wish it to be, or — since surely our desires are not meaningless but like all else in nature ordered and significant — may we not say, not of present reality but of coming reality. Poetry looks toward that universal or purified or perfected nature of which Aristotle speaks. The poet prefigures the world which is to come, and points the path later men are to follow — as Moses saw from Pisgah the promised land which not he but his people were to occupy. Thus, when man is not acting he is seeing; life is sublimated in poetry; and men of action give place as leaders to seers and poets. "Truly the laurel crown appointed for triumphant captains doth worthily, of all other learnings, honor the poet's triumph."

ON THE NIGHTMARE. *Ernest Jones, M.D., M.R.C.P.* (Lond.) *American Journal of Insanity*, January, 1910.

IN this article, the subject of nightmare receives from the able pen of Dr. Jones a most admirable exposition. Under the heading, *Pathological*, Jones discusses the curious indifference with which the subject has been viewed by medical science, and the consequent failure to treat victims of the disorder with success. The reason for this state of affairs, he finds to be a lack of appreciation of the intensity of the mental suffering entailed, ignorance of the underlying reality, and a general materialistic attitude toward mental symptoms in general, and of dreams in particular. Even regarded from a physical standpoint, the condition is certainly not neglectable, as shown, for example, by the presumable occurrence of cerebral hemorrhage during sleep as a consequence of alterations in the circulation induced by the agony of bad dreams.

An interesting description of nightmare as given by various appreciative writers on the subject, most of whom were themselves victims of the disorder, gives the reader a vivid idea of the mental suffering induced by the condition. The dread occurring in nightmare is, according to Jones, best denoted by the untranslatable word *Angst*. It appears that the cardinal features of the malady are:

1. Agonizing dread. 2. Sense of oppression or weight at the chest which alarmingly interferes with respiration. 3. Conviction of helpless paralysis.

The *Angst* has been variously described by writers, among whom perhaps Shakespeare stands pre-eminent; as, for example,

> "I, trembling, waked, and for a season after
> Could not believe but that I was in Hell,
> Such terrible impression made my dream."

The second cardinal feature is a sense of oppression, with a dread of suffocation, often reaching an extreme degree of intensity.

The third element is a sense of powerlessness, often amounting to complete paralysis, representing an effort on the part of the victim to free himself from the suffocation. When the dream has reached its culmination, there are evidences of the struggle through which the afflicted person has been; as, for example, an

outbreak of cold sweat, heart palpitation, ringing in the ears, a sense of pressure about the forehead, and a terror-stricken countenance. The following day it is not unusual for the patient to suffer from depression, dread, lack of confidence, pain, and weakness. In some instances, in fact, the attack may continue for some time after clear consciousness has been regained.

There has been much speculation as to the circumstances under which the attack takes place. It appears that the most probable times for nightmare to appear are either in the early part of sleep, or in the semi-waking state toward morning. It has been generally accepted that nightmare is more likely to occur when the person is sleeping on his back, hence the therapeutic suggestion that other attitudes are desirable. Certain writers, however, attach relatively little importance to this factor in the causation of the attack.

The pathogenesis of nightmare is the matter of chief interest, and regarding this a vast variety of hypotheses have been advanced, to certain of the more important of which Jones alludes. In general, it appears that writers have mistaken for the true cause of the malady factors which simply play a part of varying importance in the genesis of a given attack. As in other conditions, it is altogether probable that an underlying abnormal predisposition is excited to activity by a variety of relatively superficial causes. Jones strongly maintains that the predisposition is the matter of cardinal importance, contrary to the opinion of certain other writers who believe that nightmare may also be aroused when certain superficial conditions (e.g., indigestion) are present. The alimentary, the respiratory, the circulatory, and the nervous systems have all been blamed as causative of nightmare. Many of the fanciful descriptions of the early writers may be dismissed without detailed mention. Others of ancient date still retain some popularity, as, for example, the view originally advanced by Galen, and later elaborated, that the affection arose from gastric disturbances, on the ground that an over-full stomach, by pressing on the diaphragm, may act as a source of irritation to the nervous system. The supine position has been regarded as an efficient agent on the basis of a complicated hypothesis concerning the mechanism of circulation. A second series of hypotheses is concerned with the state of the cerebral circulation, gastric disturbances in the view of the adherents of this theory playing merely a subsidiary role.

A reaction from these purely physical views took place in 1855, when Moreau began to lay stress on the psychological aspect of the problem. This reaction was entirely justified, since an

examination of the physical theories shows that very frequently the alleged causative factors occur without being followed by nightmare; and, on the other hand, that attacks of nightmare occur without being preceded by any of the supposed causative factors. From such critical observations, it appears that, in the first place, such alleged causes often occur in persons who never show any symptom of nightmare, as, for example, in a person suffering from gastric cancer, who may even add to this causative factor the habit of sleeping on the back without the slightest trace of nightmare; whereas, other sufferers, scrupulously regarding their diet and methods of sleeping, may still suffer to the same degree as if no such precautions had been taken. It therefore follows on empirical grounds that the phenomenon of nightmare is inadequately explained by the foregoing physical factors.

The essential manifestations of nightmare must be regarded as mental, dominated by an acute feeling of *Angst*, which in this connection must be considered a distinctly pathological phenomenon. *Angst* is, in general, closely connected with sexual feeling, and especially with its pathological repression. If the analysis of dreams shows, as maintained by Freud, that in all cases they represent the fulfilment in the imagination of some desire, usually repressed during the waking hours and that violent mental conflicts result therefrom, it naturally follows that "the malady known as nightmare, is always an expression of intense mental conflict centering about some form of repressed sexual desire." Under this view Jones believes that the diverging theories of nightmare may best be reconciled. He brings in support of his argument a number of significant cases described in the literature, which under a searching psychoanalysis fall into the category of the *Angst* neurosis in the Freudian sense. The conclusions of this erudite paper are summarized in the closing paragraph, as follows: "That nightmare is a form of *Angst* attack, that it is essentially due to an intense mental conflict centering around some repressed component of the psycho-sexual instinct, and that it may be evoked by any peripheral stimuli that serve to arouse this body of repressed feeling; the importance, however, of such peripheral stimuli in this connection has in the past been greatly overestimated as a factor in the production of the affection."

E. W. Taylor.

ELEMENTS OF PHYSIOLOGICAL PSYCHOLOGY. *By George Trumbull Ladd and Robert Sessions Woodworth.* New York, Charles Scribner's Sons, 1911. Illustrated; pp. xix, 704.

THE subtitle of this timely revision of Professor Ladd's book of like name, published twenty-five years ago, is "A Treatise of the Activities and Nature of the Mind, from the Physical and Experimental Points of View." It is, however, characteristic of the trend of things psychological that this treatise of "the mind" is very largely a discussion of the functions of the nervous system — physiology, if there be any physiology; and for progress this is certainly well. Nine pages of the 723, the last chapter in the book, is concerned with "the reality and unity of the mind," and has a minimum of neural reference.

The book consists of three parts, respectively "The Nervous Mechanism," "Correlations of the Nervous Mechanism and Mental Phenomena," and "The Nature of Mind," the first two constituting 625 pages. As a treatise on mental process, then, as something distinct and different from consciousness, one is somewhat surprised to read in the second page of the text: "Recent researches into so-called 'subconsciousness' as involving *mental* processes which go on 'below the threshold,' and theories of double and triple selves have served further to confuse or discredit the time-honored concept of a soul, or mind, as a permanent and quasi-independent entity. It would be aside from the course of our inquiries to consider these objections in detail at this time." One cannot help wondering *why* it "would be aside from the course of the inquiries," since the book aims otherwise at completeness in the discussion of mind. One wonders how long so many of the unmedical psychologists will retain their prejudice against a normal group of basal phenomena simply because the average subject in the college psychologic laboratories does not wear them diurnally on his sleeve. Is not the normal mind as one sees it in the nerve-clinics, then, as human, as good material, and withal as instructive, as enlightening, as are those aspects of the mind so much studied in the college laboratories? And surely one wonders why Professor Ladd (for it does not sound like Professor Woodworth) sees fit to pronounce that researches into subconsciousness and theories of double and triple personality "have served further to confuse or discredit the time-honored concept of a soul, or mind, as a permanent and quasi-independent entity."

On the contrary, to the present reviewer for one, at least (and possibly to some others?) these very researches and theories have helped like nothing whatever else to explain and to clarify the inherent personality of man in his relations both to the individual organism and to the eternal verities and values around him here and hereafter. Dominant in this matter, of course, is one's metaphysic, one's philosophy — dualistic or monistic —only a point of view, a matter of definition or of temperament. But as we come by way of physical science to comprehend matter in terms of mind perhaps we shall learn to understand mind in terms of matter — the soul in its bodily relationships, and therefore all the more soul.

But even leaving out the important matter of the subconscious aspects and their relations to neurility on the one hand and to clear "pure" consciousness on the other, this treatise on the bodily aspects of mind is elaborate and replete with the information every devotee of psychology needs, be he amateur or professional, student or physician. The illustrations are both many and to the point. The references to collateral literature are very numerous; there is an index of authors at the end of the volume that would be more useful and less misleading were the initials of the writers given.

One of the best chapters in the book is that on feeling, emotion and expressive movements. It is complete and unbiased. The discussion of cerebral localization, too, while leaning perhaps unduly to the Ferrier side, is, on the whole, safe and sane, as is fitting for a text-book, which should give the details of whatever localization has been reasonably suggested. One certainly misses Bastian's viewpoint in the book as an explicit doctrine, especially since recent advances (such, for example, as the work of MacDougall, Head and Holmes, etc.) make for a much broader phrasing of the new phrenology of Ferrier, etc., in terms of a totally psychomotor great brain, a motor spinal cord, and a mediating cerebellum and brain-stem. One sees from this complete and connected description and discussion, and usually better than from the compendious Lewandowsky or von Bechterew, how completely advance in psychophysiology is blocked until the appointed genius shall discover the recondite secret of the action of the brain. It cannot come through "localization" we may more and more confidently assume, but it will come, sometime, when occurs the right revealing combination of insight and of understanding of the integrated neural plan. Such books as this of Ladd and Woodworth will help to this great end better than

anything else — save the genius the neurologic world awaits. The book is undoubtedly the best of its kind in the market.

GEORGE V. N. DEARBORN.
Tufts Medical and Dental Schools.

THE CONQUEST OF NERVES. *By J. W. Courtney, M. D.*, The Macmillan Co., New York, 1911. Pp. 209.

A SOMEWHAT nice discrimination is demanded of the author who would write medical books for popular perusal. On the one hand he must avoid vague, and therefore useless, generalities; on the other, too great minuteness of detail. This difficult task of walking in the middle pathway has been accomplished with conspicuous success by Dr. Courtney, in his pleasing and instructive little volume, "The Conquest of Nerves." At the present time we are engaged upon the conquest of most everything, so perhaps it is quite fitting that we should include in our program the conquest of our nerves, which is the twentieth-century way of saying, the conquest of ourselves. It is a very ancient business, this of conquering ourselves. But the particular nerves or selves we have to conquer are not always the same; they differ with times and places, and hence we are ever in need of new instructions to assist us in meeting changed conditions. Here, as elsewhere, knowledge is the prerequisite of power; and much knowledge that the layman ought to assimilate and use is to be found, clothed in graceful English, in this little book, which can be read leisurely in the space of an evening.

There are ten chapters, among which we may note the following: How Christian Science Cures, The Emmanuel Movement and Its Doctrine of Health, New Thought or the Psychotherapy of Optimism, The Nature and Causes of Functional Nervous Disorder, The Physical Treatment of Functional Nervous Disorder, The Psychotherapy of Functional Nervous Disorder. Very timely topics surely, most interestingly discussed.

For Dr. Courtney, as for all who have thought seriously about the matter, the highest privilege, as well as the most urgent duty of the physician, in the face of functional nervous disorder, is to become a teacher,— one who will attempt, with whatever success, to make straight some of the crooked mental and emotional ways of neurotic people. Too often, when treating nervous patients, we physicians have taken our academic degrees literally, — we have been content to be doctors of medicine, and so have failed to take advantage of our higher opportunities as doctors of

men. Let no one be over-harsh with us for this, because, after all, life is short, and nervous people consume an enormous amount of time. But now, in our necessity, comes Dr. Courtney to our assistance, with just the kind of exhortations and explanations which we are anxious to give to many patients under our care. Armed with this little book and fortified by the personal advice and direction of his physician, the nervous sufferer will find, we make bold to say, his burden growing lighter and his emancipation ever more near and certain. He will learn that the basis of his cure is self-help; for this is the theme that Dr. Courtney variously develops throughout his book. The methods whereby the patient can help himself are clearly set forth, and range all the way from the swallowing of raw eggs to the making of collections of all kinds, the study of languages, painting, music, and the different weaves of Oriental rugs. About all of these matters there are helpful hints and useful suggestions, sprinkled here and there with a dash of humor.

We do not agree with everything Dr. Courtney says; he doesn't expect that we should. But concerning the essential reasonableness and truth of his main contentions, there can be but one opinion. We bespeak for his little book a cordial reading by those for whom it was written. JOHN E. DONLEY, JR.

STAMMERING AND ITS PERMANENT CURE. *By Alfred Appelt.* Pp. 234. London, 1911. Methuen & Co., Ltd.

The recent applications of psycho-analytic methods to the treatment of stammering have been attempts to demonstrate that this speech disturbance is one of the protean forms of an anxiety neurosis and not merely a tic or a spastic neurosis of co-ordination originating in childhood on a strong hereditary basis. All who have observed and treated cases of stammering have been impressed by one significant fact, namely, that in the large majority of cases the child does not begin to stammer until he has been talking freely and normally for several years. What then is the cause of this disturbance of speech? How and why does it arise out of the normal, co-ordinative speech mechanism? The few cases of stammering reported as having been treated and cured by the psycho-analytic method have led to the belief that the disturbing mechanism must lie far deeper than a mere inco-ordination of the muscular apparatus of speech. It is a significant fact that all stammerers show a dread of speaking with a feeling of inhibition, and that these psychic accompaniments of stammering can frequently be overcome by hypnosis. It is into an enquiry of

these problems that Appelt has devoted an interesting and an illuminating volume. Even if one fails to fully agree with the author's theories and conclusions, he will find here much interesting material.

The author begins with a history of the various theories of stammering and from this he passes to an account of the mechanism of speech and the pathology of its various disturbances. He believes that heredity, neurotic disposition and wilful imitation have in the past been too largely incriminated as causes of stammering, and that, therefore, one must not be satisfied with such superficial explanations. By means of the lengthened association time in cases of stammering, he demonstrates that we are dealing with a form of morbid anxiety due to unconscious emotional complexes. For instance, he states: "The act of repression, though a normal psychic process, can, owing to the predominance of the unconscious, easily meet with ill success, inasmuch as the repressed impulses continue to exist in the unconscious and are liable to send a disguised substitute into consciousness, stammering or any other neurotic symptom. . . . When treating stammering, for example, it can invariably be found that the emotion (dread of speaking) connected with the infliction is due to stimuli which are contained in the impressions of the unconscious only, and he who undertakes to free stammerers of those tantalizing emotions must needs know how to analyze their unconscious."

Therefore, since stammering is due to these unconscious influences, he believes that the proper treatment must be purely psychological, as it is useless to attempt to teach the sufferer *how* to speak, because under certain circumstances stammerers experience no difficulty in speaking. In the treatment of stammering, the author has but little faith in either physiological methods of speech training or in direct suggestion to overcome the fear of speaking. The proper method is to remove the deeply rooted dread or anxiety from the unconscious, and this, according to the author, can be accomplished only through psycho-analysis. Since stammering is a pure psycho-neurosis, in fact, a type of anxiety neurosis, the baneful influence of the unconscious complexes upon speech must be removed during the process of the treatment. A large portion of the book is devoted to an exposition of the Freudian psychology and its application to the problem of stammering. No clinical details of analyzed and treated cases are given. It seems a pity that these were omitted, as the value of the book would have been greatly enhanced by the inclusion of such data.

I. H. Coriat.

LA DÉPERSONNALISATION. *Par L. Dugas and F. Moutier.* Paris. F. Alcan, 1911, 223 pages.

DISSOCIATION of self occurs in numerous forms. It is involved in abstraction and in contemplative thought of any kind. Depersonalization, as the French writers call this condition, is also involved in those states in which the subjects perceive the world as distant and hazy, as if seen through a veil. There are thus a number of disparate states, possessing more of analogy than similitude between them to which this term has been applied. For this reason it is not easy to define the term or even to describe the meaning of depersonalization.

These two authors, one skilled in clinical, the other in mental tests, begin their study of the condition by pointing out that, like any other manifestly morbid process, dissociation of personality passes only by imperceptible gradations from the normal over into the pathological, so that no clear line of demarcation can be drawn between the two. All factors conducive to asthenia, sadness, and disease, uncertainty and, in a measure, mental disorientation and violent contrasts predispose to the loss of personality, although why this state should be brought about in some cases and not in others, the authors are unable to explain.

It is interesting to note that the authors camp upon psychoanalytical ground, as when they recognize, for instance, that in its simplest form, depersonalization is largely a phenomenon of defense, brought about by the efforts to neutralize the consequences of a violent algedonic emotion. The self becomes dissolved in order not to suffer unduly. The process is, in short, a form of transient suicide. One is, of course, reminded of Freud's "flight into psychosis" by this explanation.

If the "flight" is prolonged, the dissociation of the feeling of self persists and expresses itself in an advanced form of mental disintegration. Any reader might follow the authors thus far without being ready to admit with them that abuse of introspection and metaphysical speculations or long-continued brooding over the meaning of self may bring about dissociation of personality. On what grounds could such a contention be justified at present? To be sure, subjects frequently do show a morbid inclination to introspect, but may they not be driven to it by a peculiar derangement of organic sensations? In other words, may not brooding and morbid introspection be the result and not the cause of the condition? If a choice were at all possible at the present stage of our knowledge, it seems to the reviewer that the latter would be a more reasonable contention than the author's.

The road which leads these authors to their contention is no doubt paved by their peculiar view concerning the psychogenic mechanism of dissociation. It is, in fact, the only view they can take of the role of morbid introspection in the disintegration of personality because of their view that the latter trouble is of apperceptive rather than sensorial order. They maintain that the trouble in dissociated personality is not with the subject's sensations, but lies in the higher mental faculties. To justify this position, the authors state that in their examinations the sensory organs of patients revealed nothing abnormal. This is not conclusive; our ordinary means of sensorial analysis are too crude to be decisive in so important a matter as this. It would require a long series of carefully worked out estimates of patients' sensorium by the use of the most accurate instruments which laboratory technique affords before one would be in the possession of sufficient data for any generalizations. Cursory clinical examinations and tests are inadequate for such a task. What is more, even the highest degree of laboratory precision may be insufficient at present. Other, more delicate, means for sensorial analysis may have to be devised before we may be certain of the actual facts. Suppose, for instance, that but a very slight degree of sensorial oscillation away from the "average" is sufficient to bring about the loss of the feeling of self; it would also require very accurate measurements and the highest skill in laboratory technique to discover the variation,— perhaps a task beyond our present means altogether. At any rate, ordinary clinical tests, such as the authors have used, are insufficient. At best our present means of sensorial analysis are rough, and suitable, primarily, for the "normal" subject; the psychopathologist has borrowed them from the laboratory of the experimental psychologist, where they may answer ordinary purposes. So far as the reviewer is aware the psychopathological laboratory has not yet devised a scheme of sensorial analysis of its own so accurate that it might enable us to note the subtle irregularities which escape notice in the rougher analyses of the normal subject. Moreover, psychopathological studies along this line have only begun; thus far the results of sensorial analyses of such patients appear to weigh decidedly against the contention of Dugas and Moutier. In other words, the weight of evidence seems to be that sensorial disturbances are, as a rule, present in dissociation.

The authors themselves describe, without explaining, a peculiar state of indifference which they have noticed in their patients; this, too, points strongly to some derangement of organic sensations. What else shall we make out of the anesthetic

states of these patients, for instance, already observed by Ribot? Or of the patient's complaint "I am of marble"? Or of another patient's assertion, in the experience of Dr. Prince, that she has lost her body sense, that her hand seems not to be hers?

Indeed, the suspicion of a sensorial disturbance is more than justified, while the present authors' contention is not. Before we have recourse to the apperceptive functions for an explanation of the troubles of dissociation we should inquire more closely into the perception sphere of these patients. Our perceptions are schematic, anyway. As we approach higher mentality the sensorial elements are reduced to a minimum. This is a simple and well-known fact. In the ordinary course of experience it is only necessary to take in or perceive a few of the most characteristic features of a scene to see the whole, just as the habitual reader takes in only a few letters to read the whole line. Were it not for this habit of the mind, proofreading would be less troublesome. It is in accord with the economizing tendency of our psychic activity that the sensorial elements in an act of habitual attention are reduced to a minimum. At the same time it is only proper to conceive that a threshold of schematization must be reached, especially in the case of new impressions, beyond which the sensorial elements are no longer sufficient for the reconstruction in terms of mental imagery of an object observed, or of some scene witnessed. The real problem seems to be: Does the subject pass beyond this threshold of schematization of sensorial elements when dissociation of personality takes place? It would be interesting, in this connection, to examine the subject's range of imagery, which would represent, of course, the material intermediate between sensation and perception. A methodical examination of this kind would furnish valuable data. Here there lies open a field for research rich in promise.

But to return to our authors. On the question of memory in connection with dissociation, they are far from clear. It appears, for instance, that they do not distinguish sufficiently memory from imagination. The two processes are treated almost as if they were identical. The same carelessness is noticeable on the subject of the relations between memory and the logical processes. One example might suffice; on page 49 occurs the following statement: "The facts forgotten by Mme. A. were such that simple reasoning should have been sufficient for their recall; and being of a methodical and reflective turn, Mme. A. recalled them easily enough, without, however, recognizing them."

This is rather unreliable psychology. In what sense is that a memory at all which we do not recognize? Besides past images

are recalled through association and not through reasoning. This patient's complaint that she can no longer add her new sensations to her old self is a bit of information which should have been seized upon by the authors. It comes nearer the core of the trouble which results in dissociation than the authors' contention that the patient's sensations undergo no change.

A word about the authors' general conclusions: They trace dissociation to "a derangement of psychic functions, in which . . . subjective states become detached from self," "se deroulent en dehors de lui," or in which "le moi les laisse échapper de sa pensée devenue indifférente." (P. 121.) The statement, while true, seems too vague.

J. S. Van Teslaar.

LA DÉMENCE PRÉCOCE; ETUDE PSYCHOLOGIQUE MÉDICALE ET MÉDICOLEGALE. *Par Dr. Constanza Pascale.* Paris. F. Alcan, 1911, 302 pages.

This medico-psychological study of dementia præcox reminds one that the old sectionalism has not been overcome completely as yet, notwithstanding the international and cosmopolitan character of the science. Thus Dr. Pascal's work is based upon material derived chiefly from French sources, notably the works of Dromard, Dide, Masselon, Régis, Séglas, Sérieux, so that for the extremely important work done elsewhere on this subject one must consult other sources of information. In other words, Dr. Pascal's work is not a complete survey of the subject with which it is concerned. Considering its size, perhaps this work was not meant to reflect the present state of knowledge on the problem of dementia præcox, but rather to give its author an opportunity to record, in a personal way, the views and conclusions to which her hospital experience with this condition have led her. It is incontestable that works of such character have a certain merit of their own, even if they do not add materially to our knowledge of the problem as a whole.

For clinical purposes psychic activity may be looked upon from three broad aspects: affectivity, intelligence, and volition. Accordingly, the author discusses dementia præcox from each of these standpoints. She attempts to delineate sharply the meaning of such terms as mental, intellectual, and demential weakness, respectively; there is at present a great deal of confusion in the use of these terms. After pointing out some reasons for distinguishing between these terms which should help in their proper use the

author turns to a consideration of the morbid condition proper, following its development from the milder to the more grave forms.

The characteristic psychic lesion of dementia præcox consists of a deep and peculiar disturbance of the subject's affectivity. As a consequence of this condition the energy tonus of the fundamental algedonic and heuristic affects is weakened; pleasurable sensations become blurred; they blend readily with their opposites the sense of demarcation between them being on the wane. There is a disturbance of self-feeling and of the subject's sphere of emotions. In the author's own words, the trouble is due to "disorganization of the affective range of vital forces, a destruction of sympathy and of the feeling of personality, a reduction in the consciousness of self."

In the realm of the intellect, absent-mindedness is characteristic. During this impairment of adaptation to surroundings the spontaneous attention of Ribot is the first to become disturbed. Soon the psychic function of systematization breaks down, as is shown by the association tests, and this early inco-ordination leads to serious incoherence of ideas.

The catatonic, hebephrenic and paranoidal forms of the disease are varieties of the same fundamental condition; the characteristic feature of which is a more or less rapid dissolution of the feeling of self and a corresponding increase in automatic activity. The different clinical forms of dementia præcox are characterized alike by the demential character of the delirium and the great disproportion between the latter and the intensity of the affective tonus. Their common basis is also shown by the histo-pathological findings. Post-mortem examination in any of the three forms usually reveals a chronic diffuse neuro-epithelial inflammation as the anatomic basis of the disorder.

The author distinguishes three clinical stages in the course of the disease: The prodromal stage may mask itself under any of the more common ailments of nervous order; it is frequently mistaken for neurasthenia. The active period is the one during which the disturbance of the subject's affectivity is highest; this stage is complicated by impairment of the will, delirium, and stereotypies. Finally, the residual or permanent period may be light, medium, or advanced.

Brief mention is made of such affections of the psychomotor mechanism as aboulias, dyspraxias, automatic acts, glossopathias, and of the troubles of memory, imagination, and recall, frequently encountered. Many of the latter are due to the patient's inability to center his attention.

The author devotes special attention to the medico-legal aspects of the subject. Patients of this class are especially numerous not only in the prisons for adults, but in the various institutions for defective and criminal children as well. In the school such subjects are often punished for stubbornness, and in the army for insubordination. She thinks that dementia præcox is specially common in the German army.

It is not always easy to distinguish genuine cases of dementia præcox from simulation. Frequently, a genuine case is complicated by an attempt at simulation, thus increasing the diagnostic difficulties as well as the responsibility of experts.

Perhaps the least satisfactory portion of the work is that devoted to the discussion of treatment. This is no particular fault of the author's, as the chapter in question merely reflects in general lines, the actual state of our therapeutic knowledge, with the exception, of course, of what light has been thrown upon the subject of treatment by our German colleagues. As has been mentioned, the author has received practically no inspiration from German sources, in the preparation of the present work, so that what knowledge comes from that direction is not disclosed to the readers of the present treatise. The consequence is that one misses the suggestive, confident, and highly inspiring note which greets the reader of modern German works in this subject. We are told, for instance, that "curative" treatment "is being studied." This, as every medical man is aware, is the text-book writer's usual way of gliding over an unsatisfactory subject. Concerning the paliative plan, more dignifiedly called "symptomatic" treatment, we receive the information that occasionally it may surprise us by actually yielding results; finally, we are told that much may be expected in the future from the preventive plan.

Dr. Pascal remarks very properly that the hygiene and prophylaxis of dementia præcox blend imperceptibly into school life hygiene, and the hygiene of adolescence in general. While she thus approaches Freudian ground, she has no such clear-cut conception of prophylactic measures as the psychoanalytical viewpoint affords. Her prophylactic recommendation, for instance, that all "predisposed" children between the ages of fifteen and twenty years should be made to abandon all intellectual pursuits and devote themselves to a non-fatiguing course of physical training, is too vague, because it does not refer directly to a particular source of trouble to be of much value. It cannot even be said that this is the best kind of advice for all cases. As to moral education and so-called training of the will, they are preconised by the author, but in such a general and vague sense that her advo-

cacy of these prophylactic measures amounts largely to a fortuitous platitude. Indeed, there is no lack in our midst of "believers in" strict "moral" training for children. But observe also that information on all sexual matters is kept away from the children's minds nowadays with much disastrous results to many of them, and to society in general precisely, on "moral" grounds. Evidently, it is not sufficient to "believe in" moral education and training of the will to accomplish results. The author strikes much nearer the root of the evil when she recommends the proper training of children in sexual matters. This is the more commendable on her part, as her appreciation of the psychogenic role of sex in dementia præcox, though strongly manifest, is of a most general order, it not being based upon such knowledge as those familiar with Freudian literature, for instance, possess. The latter will agree with the author that henceforth the periods of adolescence must occupy the attention of physicians, educators, and psychologists. Not only do students of psychoanalytical literature appreciate that the skill of all these three classes of experts must be combined to help the youth, as the advocates, but what is more, they learn to look upon infancy as an equally critical period of psychic storms and stresses, a fact which thus far seems to have escaped Dr. Pascal's attention.

J. S. Van Teslaar.

DIE PSYCHONEUROSEN, NEURASTHENIE, HYSTERIE UND PSYCHASTHENIE. Ein Lehrbuch fur Studierende und Aerzte. *Von Dr. Otto Dornblüth.* Leipzig. Verlag von Veit u. Co., 1911, 700 pages.

This work, the general subdivision of which is indicated in its subtitle, is intended, as is also shown on its title page, for students and practitioners, and is, without doubt, a fairly complete didactic survey of the subject. The etiology, clinical course, diagnosis and prophylaxis of the psychoneuroses are very satisfactorily covered from the prospective student's standpoint. On the whole, the teachings incorporated in this work are just what would be expected, though occasionally the author's "personal equation" makes itself felt. This is particularly true of the last portion of the work, devoted to treatment, to which we therefore turn our attention.

The first thing that attracts one's attention in the section devoted to treatment, is the discussion of psychoanalysis. Incorporated as part of text-book teaching, it can no longer be maintained

that psychoanalysis is a current somewhat marginal to the main stream of psychiatric thought. Nor can it be said that the present work is by a pupil of Freud's. On the contrary, Dornblüth looks upon psychoanalysis rather skeptically while appraising its therapeutic value, though it must be said that in other respects this author's disposition is, on the whole, rather favorable to the new movement. His discussion of psychoanalysis, though brief, is fair.

Psychoanalysis is a serious and momentous procedure; the author compares it to a capital operation upon the body; it is a spiritual operation of equally serious import, and, as in the case of the former, he is of the opinion that the physician who recommends this plan of treatment is under the moral obligation to warn beforehand the patient and all others concerned about the method and aims of the plan. As in the case of a major surgical operation, it is for the consultant to determine whether the plan is applicable in a given case.

It is sometimes maintained, and the present author repeats with apparent approval, that much of what is regarded as the direct result of psychoanalysis admits of a "more direct" interpretation.

We are told by this author that there are a number of things hidden which are not at all situated in the subconscious, a knowledge of which the physician may acquire without any hindrance or opposition, if he only obtain the patient's confidence. No student of psychoanalysis ever believed otherwise. But how does this invalidate a single claim of the psychoanalytical school? The real question is: Does the unearthing of consciously hidden secrets, in short, the ordinary confessional method, result in the therapeutic benefit which follows the unearthing of the pathogenic complexes out of the subconscious spheres? The man who, like Hellpach, compares the psychoanalytical course with the confessional should bear in mind that analogies are dangerous because of the tendency they create of falling into meaningless, because unreal, literalism. He who thinks that psychoanalysis means no more than the bringing of the confessional into the consulting room should rid himself of the error by learning to know what psychoanalysis really means.

Dornblüth asserts, we know not on what basis, that many cures ascribed to psychoanalysis are in reality cases of spontaneous healing. At the outset this could be granted; in a certain sense all cases heal spontaneously. The Freudians, perhaps more than any other class of investigators in the field, have striven to show that every new symptom arising in a psychopathic case represents a tendency towards cure. They interpret the whole clinical picture as an effort to readjustment.

The author believes further that the systematic use of other therapeutic means would result in cure so that the uncovering of the etiological factor in the psychoanalytical sense may be superfluous. What is required in the first place is the regulation of the patient's plan of living, especially of the patient's affectivity in such a way as to counteract the influence of the morbid complex.

The increasing prevalence of psychoneuroses is looked upon by the author as the psycho-physical expression of the growing morbid affectivity incidental to modern life. A great deal can be accomplished in the case of the simpler forms of nervous instability by expert advice and systematic psychic re-education; in many cases this is all that may be needed. Even in the more difficult neuroses such a course prepares the ground for and facilitates whatever additional treatment might be advisable. The chief task is to train such patients to appreciate the role of affectivity. As it is not possible to protect patients from undue excitements and effective outbreaks, it is necessary to fortify them against such occurrences, so that they may withstand them better.

The frequent declaration of patients that their nervous trouble dates from a particular critical experience must be looked upon with suspicion. Accidents and psychic shocks like those to which patients frequently trace back their condition, may be responsible for some light or transient form of melancholia, but the more grave forms of neurasthenia and hysteria must be due to a much deeper trauma, a more or less permanent disturbance of affects requiring readjustment.

Unsatisfactory marriage relations are looked upon by the author as the most common cause of psychoneuroses. Women bear the consequence more commonly than men because man discharges his affects through his vocational activity, while woman's sphere is much more limited and affords less opportunity for sublimation.

Great stress is laid by the author upon the psychic influence for good of the family physician. He deplores the fact that as yet medical schools do not impart sufficient instruction about the more important psychoneuroses so that general practitioners must invariably turn such cases to the specialist. He sees good in and approves other methods than psychotherapy, though he is inclined to think that the success of most plans of treatment, including dietetics, is due in great part to their educative and psychic effect rather than to any inherent qualities of their own.

J. S. Van Teslaar.

THE JOURNAL OF ABNORMAL PSYCHOLOGY

AUGUST–SEPTEMBER, 1912

INTERPRETATION OF "PROFESSIONAL-CRAMP-NEUROSIS" AS A TIC[1]

BY TOM A. WILLIAMS, M.D., M.B.C.M. (EDIN.)

Corresponding Member Paris Neurological Society, Psychological Society, etc., Neurologist to Epiphany Dispensary, Washington, D. C.

THE psychological mechanism of the muscular cramps produced during the attempt to perform the acts of a very ordinary occupation is so complex that its consideration has been passed over both by Janet (2), and Meige (1), each of whom, however, has pointed out the resemblance of occupation-cramp-neuroses to true tic. To these authors they differ, however, from the tics in being a disorder of a *different* normal act, whereas a tic is more in the nature of a *new*, acquired act, irrespective of a previously acquired automatism. The tic is, in the first place, deliberate and volitional from beginning to end. The occupation-cramp is only a modification of an act, once deliberate and volitional, which has become automatic, as far as any action under constant control of the neopallium can be so considered. But both tic and occupation-cramp may be summed up as acquired functional automatisms of pathological nature. Meige has made it a fundamental distinction that "occupation-cramp appears exclusively during the exercise of the function which it concerns, while the tics are generally aroused into activity by anything or nothing."

But has one a right to postulate the origin of each tic movement from nothing? We know, on the contrary, from

[1]A portion of a communication presented in abstract to American Psychopathological Assoc., Baltimore, 1911.

the work of Brissaud and his followers, of whom Meige is not the least, and of Janet, that it is an idea which determines the cortical stimulus producing a tic; in which respect, tic does not differ from the teleological acts of everyday life. Now, this idea may be aroused in many different ways, as can the act-determining ideas of daily life. But although caused in different ways, is not the final act-determining idea always the same for the same tic in the same person? For example, the determinant of the idea which produces a tic of sucking and cheek-biting is the peripheral stimulus from the discomfort of the mucous membrane, which has become a besetment. The clonic torticollis tic is derived from the idea of seeking greater comfort by previously experienced readjustment of the position of the neck through the altered tension of its muscles. A blinking tic, again, arises from an idea, viz., that discomfort will be diminished through compression of the eyeball by the orbicularis palpebrarum.

It is true that the causal idea is not manifest in the ultimate stages of the tic's evolution; for the act has become an automatic one. In this respect, however, it does not differ from many complicated professional acts, such as piano-playing, which is undeniably a product of volition. The comparison might be carried further; and the striking of a particular note of the piano in a particular way may be compared with any selected component movement of a tic. Only a definite stimulus, and always the same for the same piano played, will cause the striking of the same note in the same way.[1]

The case of E. L.[2] illustrates most forcibly how one

[1]Of course the psychophysiological constellation which arouses the cortical activity leading to the piano-player's act may have several components, only one or more of which need be stimulated in the first place. Thus, the player may strike the note (1) upon sight of its symbol printed on the staff; (2) upon memory of its sound irrespective of symbolical representation; (3) as a consequence of the kinesthetic impressions remembered from a previous performance; and there are other possibilities. It need not be elaborated that any of these, singly or in combination, may, in accordance with the associational make-up of the player, eventuate in the same note played in exactly the same way. If the constellation, however, is not firmly associated, a different tone may be the fruit of different combinations of the stimuli causing the playing of the note.

[2]Studies of occupational cramps of writers and telegraphers. Jour. f. Psychol. u. Neurol. (von Brodman), Leipzig, 1912, Bd. 19, pp. 88–112.

idea produced at the same time both an occupation-cramp and a tic. It shows too that the law of Meige regarding the exclusive appearance of occupation-cramp during the function it concerns is by no means rigid, and that the anomaly of movement may occur during other acts as this disorder progresses. The case of Lit.[1] illustrates this in a less degree; for at times her inability to write extends to both certain kinds of sewing and the handling of heavy crockery. In the case of F. S.,[1] too, there is also sometimes a difficulty in sewing; and her idea of incapacity has now and then extended to many actions performed with the right arm; so that it was very difficult to convince her of the absence of disease of the muscles or joints, as also concerning her voice. Thus, it is not possible to lay down as Meige has done (pp. 72 and 192) a law separating tic and scriveners' palsy. For when the psychological mechanism is considered, and analysis is pushed deeper than has been done either by Meige or Janet, the pathogenesis is found to be essentially the same.

The Tics.— This is not the place to enter into a discussion of the various dyskineses or myoclonias. A few words, however, must be said of habitual gestures and attitudes and of the true tics. The former occur in perfectly normal individuals as well as in the insane, in whom they are called stereotypies. Examples in the normal are stroking of the mustache, wrinkling of the brow, whistling, playing with the watchchain, grimacing of the face, waving the hand, or sawing the air while speaking. So long as these are unconscious automatisms, and so long as they could be prevented without suffering by a little care on the part of the performer, they do not merit the name of habit spasm, nor can they be classed with the tics.

The latter are convulsive and intemperate in character, are accompanied by a consciousness of the act, are preceded by a desire, sometimes amounting to a passion, to perform the act, and are followed by a feeling of relief after performance of the movement. At all events the victim of tics feels compelled to make the movements comprising the tic.

[1] Studies of occupational cramps of writers and telegraphers. Jour. f. Psychol. u. Neurol. (von Brodman), Leipzig, 1912, Bd. 19, pp. 88–112.

The movements always represent, however incompletely, some voluntary act, *e. g.*, turning the head, shrugging the shoulders, biting the cheek, winking the eye, sniffing, etc. The end to which the movement was first directed has, however, often passed from the recollection of the patient; and the act itself has often degenerated into a caricature of what it originally was. A simple example is a winking of the eyes which has continued for years in spite of the fact that the irritation of the foreign body which first excited it has long subsided. It often originates in an idea which, however, ultimately becomes ignored or forgotten by the patient, such as in the case of E. L.

Nor is this the place to discuss the forms of tic; suffice it to say, that in hypersuggestible individuals, tics are easily induced sometimes, make little impression upon the patient, and are very simply removed by re-education and persuasion or even by suggestion. These we call hysterical.[1]

The tic, on the other hand, which is preceded by an imperative longing, the struggle against which causes intense suffering, occurs in over-scrupulous individuals of little suggestibility, whom Janet has called psychasthenics, and who show numerous stigmata of their constitution in addition to the tic for which they may seek advice. Both E. L. and F. S. are of this type to some extent.

The principles of treatment of the tics, as laid down by Brissaud and developed by Meige, are entirely similar to those which have proved successful in the cases of professional cramp here presented.

A tic must be distinguished from a true spasm, which is due to direct physical agency. The latter is entirely beyond voluntary or emotional centers, and hence insusceptible of psychotherapeusis.

[1]That fact, by an intelligent being, needs interpretation. The obvious one is that of physical disease. This ready explanation is corroborated by medical opinion and procedures. Part of our treatment is the getting rid of the reinforcement derived from injudicious advice and measures; for if not, every attempt to write at once arouses the fearfulness for a damaged member or nervous mechanism. Again, pernicious habit-attitudes have to be fought. This, however, is best done indirectly through a planned orthopœdics, directed towards a new automatism, gained, as was in childhood, the old one.

The Genesis of Occupational Cramps.— The disability may be, at its first occurrence, accidental, as from fatigue or stressful effort. But the fact of failure soon creates the fear of future failure. Hence, whenever the act is attempted, fear interferes with harmonious automatism. It is the efforts to overcome this which cause and perpetuate the cramp.

This ideogenetic *affect* becomes then constantly linked with the inception of the fact, and becomes part of the syndrome, although it is not primitive. To attack the *affect* directly is useless; for by however hopeful an attitude it may be destroyed, the disability of the act persists. If, however, the *anxiety-affect* disappears as a consequence of the removal of its source, the idea which originated the cramp in the first place, then it remains constantly absent, and a cure may be effected; which does not occur when only a consequence, the *affect*, is aimed at, even successfully.

The principle is the same as that laid down concerning the traumatic neurosis and hysteria in general,[1] in which removal of an *affect* is only more than evanescently curative when at the same time, intentionally or not, the genetic idea is itself removed concurrently, that is to say, when the patient is reeducated by the removal of his false belief as to disability.

Not that he himself is usually capable, however well intentioned, of abolishing his error; for although such cases of instantaneous conversion do occur, it is the rule for a considerable time to be required for penetration of the new mental attitude sufficiently effectively to influence conduct. A passive acquiescence has no dynamic effect; and cases which assent readily do so only because they have not realized the significance and bearing of the truthful idea; indeed when they are forced to analyze their thoughts, it is found that they have not comprehended what the physician has tried to convey.

Their state is acceptance and not conviction. The latter connotes conflict; and that is usually neither ready nor speedy.

[1]See author in Jour. Abnorm. Psychol., 1910, June. Relative Value of Affective and Emotional Processes in inducing and perpetuating Traumatic "Neuroses."

The Principles of the Psychorthopædics.— The treatment consists of a reconstruction of the impaired function under psychological conditions unfavorable to the tic, which impairs it. The chief means is graduated exercises of the function. In order not to excite the cramp tic, these must be performed with great care, but without anxiety, very slowly and with attention to minutiæ. The sittings should be frequent, but short, ceasing as soon as attention flags.

It is not the exercises themselves which are curative; for unless the patient's mental attitude is reformed the exercises are useless. Automatic performances are actually hurtful.

As regards writing Meige has adopted a formula of *round, large, often* and *little at a time.* The largeness is the best assurance of sweep and freedom, without which the cramp will recur. The roundness renders the changes of direction gradual; for abrupt arrests tend towards cramping. Frequency is required both to exercise the attention and to attain once more a useful habit. Fatigue must be avoided by short sittings.

A new automatism is freer from tendency to cramp than is the older one, provided that are borne in mind the precautions against cramping, viz., slowness, largeness, roundness, frequency, and little quantity. Hence, a new position and style of caligraphy is to be recommended. This is the more easy and advantageous in proportion as the old position and style were faulty.

AN HYPNAGOGIC HALLUCINATION WITH DREAM CHARACTERS

BY C. S. YOAKUM

The University of Texas

THE subject of this hallucination or dream is a normal, healthy individual about thirty years old, who has never been troubled with hallucinations and dreams very infrequently. Once in a while, he tells me, he has the familiar experience of seeing himself at the top of a flight of steps or at the edge of a low embankment. He seems about to step off and at this point of the hypnagogic state awakens with a jerk, the tremor of which remains noticeable after he is fully awake.

The account which follows was jotted down in notes immediately after the incident occurred and written out in substantially the form I quote, on the following day. The subject is well trained in ordinary psychological introspection, and the incident is quite fully reported.

"I retired about ten-thirty on the evening of March the 29th, 1912, feeling quite well but slightly disturbed over a problem whose solution was difficult to reach, and had been troubling me for some weeks. The weather was warm, but seemed not uncomfortably so. After tossing about a considerable time I still found it impossible to sleep.

"Opening my eyes I tried consciously to determine the reason for the sleeplessness. I had played baseball a half hour or so during the afternoon, a somewhat unusual bit of exercise, and felt perhaps slightly more fatigued than usual. Earlier in the evening I played a game of billiards, and retired just after reading an account of the work on the Panama Canal. None of these things offered a satisfactory solution of the difficulty, so I turned over on my back, head on the pillow and arms behind my head, in order to relax. This is a remembered restful position, but one in which I do not dare to sleep, and realized it at the time. If I remain in this position and fall asleep, I soon waken with an intense numbness in the arms.

"While in this position I began to think about a large bridge party I had attended on the preceding day. This was the first afternoon card party that I had ever attended, and only the second time I had played cards within a year. The visual imagery of the room and the players came back with considerable vividness. Especially vivid was the portion of the room in which I sat and the tables at which I played. In going over the varied events and scenes of that afternoon, the remark of the hostess was recalled. She had announced that there would not be time to finish the series before refreshments would be served. At our table we began to count the games played, but did not entirely decide the issue then.

"Lying here and running over these events of the previous day, I remember distinctly beginning to repeat this calculation with the definite intention of satisfying myself of the correctness of the hasty conclusion of the day before. In order to do this, the number of tables at which I was seated and the partners with whom I had played must be repeated in memory. All of this was done consciously and again the estimate almost completed when the recalled and correct features of the train of imagery suddenly ceased.

"An alcohol lamp and tea tray were brought in through the front entrance and placed about fifteen feet in front and to the right of where I was sitting. This was in the same room, however, where I had been placing the imagery of the moment before and the tea tray seemed to be brought in by the husband of the lady who had made the announcement mentioned above. As soon as this occurred, I found myself near the teakettle and looking at it. It seemed placed on something, there is no recollection what, but at such a height that by a very slight bending of the head it stood on a level with the observer's eyes, when standing. How I got there from the sitting position at the card table and what became of the people in the room there is no intimation. Suddenly and at no appreciable interval from the time when this imagery of the boiling kettle appeared there came a blinding flash and an explosion. The sound seemed perfect, a 'poof' and muffled sound of the explosive type, and at the same time there was the flash of burning

alcohol, with its blue and yellow flames. None of these seemed to come directly to the eyes but went off to the right and left and downward, while others shot directly out at right angles. All appeared, instead of flashing straight out or upward from the bottom of the vessel, to go downward.

"My eyes shut quickly, the body seemed to jerk, and the arms and head were thrown back violently.

"At this juncture I awoke or became conscious, *i. e.*, this second train of imagery ceased. The first thought either before waking or upon waking was: are my eyes hurt? The second suggestion was that the movement made was definitely real and did not seem to extend below the arms, shoulders, head, and muscles of the upper part of the chest. The remainder of the body was perfectly quiet, or seemed so in contrast to the violence of the movements just ceasing. The reality of the experience did not cease till I had opened and shut my eyes and noted that my arms and head were uninjured. Especially did the fact that this was felt to be a real experience center in the test of the eyes and eyelids. They were tried at once consciously, and it was noted with relief that they did not even feel strained as I immediately recalled they do after a waking experience of this kind. Further it did not appear that the other parts of the body concerned were especially tense and aroused after the movements and emotions of fear. The actuality of the movements can be vouched for both as a part of the dream state and in the waking state. They lasted over the transition distinctly and clearly. The sleeping-room was lighted enough to discern vaguely the outlines of the walls and to give a sense of their distance. This was also noted and consciously used as a test of the non-actual character of the experience. The distances of the objects seen in the hallucination or dream differed distinctly from the more distant walls and spaces in the shadowy room.

"The point where the waking thought went into the hypnagogic state can be located definitely neither by memory nor by introspection. The sense of the waking imagery of the real tables and persons transformed itself into the imagery of the person carrying the tray with no imaginal break.

"In the moments that followed, before going to sleep and while the few notes were jotted down, several possibilities in previous experiences that might have entered the make-up of the dream came to mind. It is easy enough to see how the coffee of the afternoon served to recall numerous teas at the house of the friend who was also hostess on this occasion. At these teas the small alcohol lamp and its accessories are always in evidence. Some ten or a dozen years before the writer had an accident with an alcohol blast lamp, where to avoid an explosion or serious fire he was forced to throw the lamp out of a third-story window. Usually since, when alcohol is burning too strongly, I am reminded of this earlier occurrence."

As stated above, the rough notes made by the subject of the hallucination were written out by him on the following day. He tells me that as he wrote the phrase, "the tea tray seemed brought in by the husband," he suddenly remembered that he had been in the clubhouse the morning before the party when this man carried in through the front entrance a silver tea set. This had been no part of the actual events of the afternoon, but was the first bit of imagery that can be definitely assigned to the dream state. It may be remarked here that the use of the front entrance had baffled the narrator's power to explain up to this time, as all refreshments at the club are brought to the guests from the serving-room, which is in direction opposite the front entrance.

Further questioning elicited the following facts about the setting of the afternoon bridge game. The emotional strain of the afternoon was extreme. Our subject was not accustomed to such afternoon affairs and felt that he was out of his element. He preferred rather to be at his office, and, in addition, did not feel that his knowledge of the game warranted the place he was taking among experts. He met on entering the room a friend whom he had not seen for some time and wished that he might converse with him rather than play at a considerable distance from this friend during the afternoon. There was present also a person whose relations to the writer had not been (and still are not) of a satisfactory sort, so that he was not on speaking terms

with this individual. All three of these elements were conscious accompaniments of the day's events. In addition, the behavior of the players and the somewhat desultory conversation were features of considerable interest and attention. Altogether, the afternoon contained incidents that make for easy and abundant recall of detail.

In the train of thought that preceded the hallucination we find no important evidence of the varied attention that characterized the afternoon. Only a portion of the events were present and those of an incidental character. The decision to recount the games represented a state of mental apathy to the repetition of the entire situation that accords well with the reclining posture, the distractions produced by sleepiness and the muscular uneasiness left over from the ball game. Though these immediate distractions prevented the repetition of the entire situation they did not have any distinct imagery of their own. The centers concerned in the afternoon bridge game were forced into a semi-aroused condition.

Two possible explanations offer for the location of the hallucination. The position of the tray and lamp was exactly that of the person with whom the subject is not on speaking terms. On the other hand, the arms were in an unnatural position above the head, and the slight headache and nervous uneasiness felt on retiring suggest the possibility of the not infrequent jerkiness of the relaxation period mentioned above. In fact the sleeplessness seemed due to this slightly excited neuro-muscular condition. The visual imagery would normally be in front of the person. In this case the aroused motor effects were largely limited to the upper part of the body and especially to the right arm that had been used in throwing. In normal dream states we would readily expect those portions of the body to be concerned more particularly than the less strained parts. The first explanation involves a distinct bit of symbolism and a total substitution of imaginal meanings or context. The imagery of the dream state is scarcely changed enough to warrant this, though it is not a part of the previous experience.

The second suggestion follows directly from the known

condition of the psycho-physical organism. The usual laws of memory recall, *e. g.*, recency and vividness, combined with the unnatural position and strains of the upper portion of the body locate and suggest the dramatic character of the imagery. It is true, still, that the social difficulty with the person in question is also of a dramatic character and might easily be made explanatory if we accept the theory of substitution.

Let us view the experience a moment as an hallucination. The visual, auditory, and kinesthetic sensations were natural and real. It required a distinct mental process to assure the subject that this thing had not happened as a part of the vital experience in which some real physical injury was done him. The colors of the flame were recognizable, and the sound of the explosion had distinct attributes. There was no noticeable break in the transition from the easily identified imagery of memory to that belonging in no wise to the situation rehearsed. The feeling of relief that followed the discovery that there was no pain or injury corresponds well with similar feelings in accidental explosions of like character. The extreme vividness of the emotional state during the experience goes as an integral part of the state whether we call it a dream or an hallucination. In addition, the important physical and mental conditions of hallucinatory experiences are present.[1]

The ordinary hypnagogic hallucination lacks the vividness and detail of the incident here described. Yet the time of its occurrence naturally places it in that category. Possibly the shortness of the series of events and their apparent rapidity (in the dream) tend also to place it here. The usual descriptions of hypnagogic hallucinations, however, suggest that they are rather vague floating bits of imagery, generally of simple colors and scraps of objects that remain uncombined and unrelated.

The dream characters in the incident are particularly clear. We have the logical ordering of events that here could easily correspond to a real sequence of events, but do not and in all probability would never do so except in a quite absurd situation. This logical sequence shows a dramatic

[1] Storring, G., Mental Pathology and Normal Psychology, pp. 21–24.

gathering of details with a strong emotional climax. There remains in it no intimation of the actual bodily conditions just preceding the dream, and waking from the event has all the usual accompaniments of the dream rather than the more permanent after-effects of an hallucination. We have finally the possibility of explanation in terms of symbolic representations.

A special point of interest noted by introspection is the three forms of reality presented by the experience. The weak waking reality still carries with it certain undeniable features. The position and strains of the body, the memory and slightly divided interest (self-conscious) form of imagery together with its foreshadowing of a vague end to be reached in the specific mental process in progress. These disappear during the hallucination only to reappear when waking consciousness resumes uts sway.

If introspection may be trusted here, the hallucinatory reality differs essentially from this. Self-consciousness or the purposiveness of the self-interest does not shift; it simply drops out. In this case there is absolutely no means of telling when the dream began, but there is as definite a sensing of the loss of the self and its body position as there is later of the events of the dream. We cannot, of course, offer a bit of direct introspection at this point; the type used may well be a bit of reading in of the feeling of difference of the last rather than the first change. But the last phase of the certain wakeful thought before the dream is of this foreshadowing emptiness sort that is confirmed by the next change when consciousness returns. The nearest describable feeling in the waking consciousness is that of high emotional excitement. There are moments in such a state that seem, looking back at both, highly similar to the state of mind in this hallucination.

Contrasting the mental condition that followed the dream with the dream itself, we get the distinct feeling that this is a normal dream state. The return of waking consciousness retains the memory of the dream imagery, the dream emotion, and the dream logic. It rushes back to bodily positions and surroundings, to other memory events, to another sort of sequence. An essential point differentiat-

ing the two seems to be that whereas in the dream sequence they are simply *coming together*, in the waking sequence they *were* together as well as are coming together. This is practically a description of the memory process, it is true, but there seems to reside in it the intangible intimacy that is wholly lacking in the dream state.

The incident described here illustrates well the function of the whole cœnesthesia. We have before us a transition from the full waking state to a drowsy one in which the prominent elements of the sensory factors are those that are abnormally awake, the arms and upper parts of the body; and the final subsidence of these from consciousness. The effect of arousing in the second state a new and previously powerful train of thought is continued as a third state in the neural centers, without the directive force of the usual motor centers with their outlying muscles and viscera. The imagery of the weak waking thought was not complete, it barely began a group of earlier, emotionally stressed processes and left them without these normal directive agencies. There is no good reason for describing this particular mental event as a split in consciousness or as concerned with any subconscious mental processes. All the elements appear as memory processes, they merely lack the usual coherence of such.

Strictly speaking, we must place this in a class with hypnagogic hallucinations. It is, however, a particularly vivid and complete case, and offers an illustration of the intimate relation that exists between dreams and hallucinations proper. The only definite criterion that suggests itself to distinguish the dream from the hallucination lies in the two states of the waking consciousness that respectively accompany and precede the state in question. In the hallucination proper, consciousness does not connect with previous waking states, to the bodily factors in their normal form, with the immediacy and completeness that the waking state following an ordinary dream exhibits.[1]

The explanation offered is, that, in the hallucination, the cœnesthesia and external stimuli are not so entirely excluded from exerting their controlling and directive in-

[1] Ellis, Havelock, The World of Dreams, pp. 182 and 188.

fluence upon the progress of the imagery as they are in the dream. The result of this difference makes the hallucination a far more powerful factor in affecting the later trains of thought. Pathologically the hallucination becomes, therefore, a more serious influence in shaping the thought of the individual than the dream, and seems to point to a more serious defect in the neuro-muscular processes, or complex union of central and peripheral factors we call the self.

THE ŒDIPUS-COMPLEX IN THE PSYCHO-NEUROSES[1]

BY ISADOR H. CORIAT, M.D., BOSTON

ONE of the most important of complexes is the Œdipus-complex, as it frequently furnishes the underlying mental mechanism of many psychoneuroses and of abnormal sexual inversions. This Œdipus-trend usually has its origin during the earliest years of childhood and in adults it may appear in dreams, in the form of a psychoneurosis or as homo-sexuality, the latter originating as a reaction of defense against the suppressed and unconscious Œdipus ideas. The most convenient and readiest method of analyzing this Œdipus-complex in adults is through the dreams. These dreams may appear in two distinct types, either as a literal incest dream, or as is more commonly the case, in a disguised and symbolized form, such as the death of the father.[2] Even the literal dreams, however, as will be later demonstrated, frequently contain many symbolized and disguised elements. If the suppression of the complex has been inefficacious, the Œdipus-trend appears literally in the dream; if the suppression has been completely successful, due to the building up of incest barriers, the complex becomes markedly symbolized. The degree of symbolism runs parallel, therefore, with the success of the suppression.

The complex develops only in those children who have been exposed to an over-exuberant love from the parents, or who themselves have shown a parental affection of abnormal intensity. The Œdipus dreams originate from these infantile elements of the unconscious in the exposed individual, and are the symbolic expressions of these elements, indicating in an admirable manner this early sexual love of the son for the mother. In these cases the later development of the psychoneurosis may be interpreted as the

[1] Read before the American Psychopathological Association at Boston, May 29, 1912.

[2] S. Freud, Die Traumdeutung, p. 184 *et seq.* S. Freud, Drei Abhandlungen Zur Sexual Theorie, p. 72 *et seq.*

successful revenge of the nervous system upon this Œdipus-complex. In fact, a psycho-sexual family-complex is frequently the fundamental mechanism of a later neurosis. In a previous contribution I pointed out and analyzed how an important childhood symptom was a family-complex and this in turn led to the development of a typical hysteria.[1]

This psycho-sexual trend is termed the Œdipus-complex, as it is identical with the Œdipus legend and its portrayal in the Œdipus Tyrannus of Sophocles. The occurrence of the complex has also been pointed out in a recent analysis and interpretation of the tragedy of Hamlet.[2] In fact in the light of psychoanalysis the words of Jocasta to Œdipus in the Greek tragedy have almost a prophetic significance: "Oft times in dreams, have men committed incest." Recent studies in comparative mythology have also served to throw light upon the relation of this complex to the psychoneuroses. In the Œdipus fable are contained elements which many psychoneurotics frequently repress, namely, an early love for the mother and an early hate for the father. Thus the representation of a forbidden wish became symbolized in the Œdipus idea. It is this repressed wish which has been responsible for the origin of both myth and psychoneurosis. Probably, therefore, the Œdipus myth arose out of the literal and therefore incompletely repressed incest dreams or wishes. In the Œdipus fable certain childhood wishes were fulfilled and realized in the same manner that the conflict between father and son was represented by the myth of Uranos and the Titans. Thus myths contain the infantile mental life of man, representing and symbolizing his childhood ideas and experiences.[3] This, it appears to us, is a far more logical attitude than to interpret Œdipus as a solar hero, and the expiation for the incest crime merely a later addition to satisfy a moral feeling.[4]

[1] Isador H. Coriat, A Contribution to the Psychopathology of Hysteria, Journal Abnormal Psychology, Vol. VI, No. 1, April-May, 1911.

[2] Ernest Jones, The Œdipus Complex as an Explanation of Hamlet's Mystery. American Journal Psychology, Vol. XXI, No. 1, Jan., 1910.

[3] K. Abraham, Traum und Mythus. Eine Studie Zur Völkerpsychologie, 1909.

[4] John Fiske, Myths and Myth Makers, 1872.

This naturally brings us face to face with the problem of infantile sexuality, particularly sexual inhibition, the incest complex with its later barriers and the relation of these to the origin and development of the psychoneuroses. That this Œdipus-complex may exist is proven from the results of psychoanalysis, and that this complex can predetermine a later psychoneurosis and appear in a literal or symbolized form in dreams is an incontestable fact. In fact, the complex represents an unconscious fixation for the mother. The mechanism of how it does this is probably the sinking of an infantile wish into the unconscious. There the censorship finds this incest trend to be incompatible with consciousness, and therefore when it reappears it does so in a disguised form, either as a psychoneurosis, morbid anxiety, or a symbolized dream. Sometimes when the censorship is not sufficiently strong, the incest-complex appears as a literal dream, although it may contain disguised elements. Thus it seems, in some cases at least, where it is possible through means of psychoanalysis to reach the childhood sexual processes, that the sexual instinct appears in the form of a clear incest-trend, sometimes disguised in the shape of over-affection for the mother, sometimes a distinct libido whose excitement is reached through various non-sexual erogenous zones, and finally sometimes in the form of an open hate and hostility toward the father. The neurotic symptoms result from the repression of this incest libido and the attempt of the censor to create an amnesia for this Œdipus-trend is purposeful, but sometimes unsuccessful, for the Œdipus elements may break through into consciousness later in life.

Sometimes the sexual feeling for the mother may be so intensely suppressed and so associated with the feeling of shame and guilt, that a compromise arises in the form of homo-sexuality. This mental mechanism took place in a case of homo-sexuality which I had occasion to analyze. Here the homo-sexual change took place at puberty, at which time the subject identified his mother as a sexual object in his day dreams, because in early childhood she had allowed physical relations of a sexual nature.

The Œdipus-complex dream is a disguised incest symbol,

in the same manner that language is full of metaphorical sexual symbols, both furnishing a convenient æsthetic method of expressing sexual matters which could not otherwise be expressed in a more direct and coarser manner.

As attention in the clinical material will be chiefly directed to the analysis and development of the Œdipus-complex, only such other data of the individual cases will be given as may be necessary to elucidate the origin of the complex, its later appearance in the dreams and the reactions of defense toward the complex which caused the symptoms of the psychoneurosis. In the four cases studied, and in the homo-sexual case briefly referred to earlier in the course of this paper, the Œdipus-complex was probably the chief mental mechanism at work in the formation of the psychoneurosis. In one of the cases where reveries of pain acted as a sexual stimulant, it was but a step to the formation of an Œdipus-complex, where the inflictor of pain was identified with the subject's mother. In two of the cases the Œdipus-trend arose as a defense-reaction against a family conflict. In the fourth case the Œdipus-complex caused distinct anxiety attacks, while the dreams furnished interesting examples of number symbolisms in which the complex was hidden. The dreams in all our cases were built upon the entire suppressed pathogenic complexes. This is shown by the fact that the Œdipus idea ran through all the dream material.

Thus it seems, from an analysis of my clinical material, that in subjects who were either predisposed to psychoneurotic disturbances, or who had been exposed to an overexuberant parental affection, sexual impulses of an abnormal nature may be demonstrated early in childhood life. This impulse may be quite complicated and may take the form of masochism, sadism, or the development of an Œdipus-trend. Part of these impulses were wishes and part were erotic fantasies, in which the wish element was entirely absent. These abnormal sexual tendencies, however, laid the foundation, through their repression into the unconscious, for the later development of a psychoneurosis,— in fact, in our material, the psychoneurosis was due to the bursting forth of these unconscious elements into adult life. There, it was

either partially symbolized in the form of symptoms, dreams or abnormal behavior, or it appeared in a literal form, with disguised elements, according to the degree of successful repression. The amnesia for this Œdipus-complex was successful and striking. The complex could be reached only after great resistance through the analysis of disguised or literal dreams containing the Œdipus-trend.[1] It was out of these unconscious, infantile sexual elements that the Œdipus-complex developed.

The reaction to this incest-complex in three cases was a means of secret pleasure and gratification to the patients, in the same way that they found pleasure in their abnormal, auto-erotic fantasies and voluptuous reveries. In the fourth case the complex gave rise to painful attacks of morbid anxiety. In order to avoid repetition other details will be given in the course of the individual analyses.

Case I.— A, a young man, twenty-five years of age, had suffered for eight months before he came under observation from a well-defined and gradually increasing psychasthenia, of the type of a compulsion neurosis. At the time of the onset of his psychoneurosis, he noticed a gradually increasing abnormal fatigue, sleeplessness, and restlessness, which he attributed to his work, but which, nevertheless, was not dissipated by rest. Shortly afterwards he began to notice that in his work as an analytical chemist there developed a tendency to wash various pieces of laboratory glassware a number of times before he became certain they were clean. In his analytical work, also, he began to doubt the accuracy of his calculating and weighing, and was in continual fear of making errors. These repetitions of actions gave him a sense of relief, whereas if he resisted the repetition he would soon become restless, and at times develop typical anxiety attacks. Indecision in his thought and behavior became marked. For years the sexual tendencies have been abnormal, the details of which it is not necessary to relate except to state that he has strongly repressed the memory of his various abnormal sexual acts.

On analysis, the compulsive acts and the mania of

[1] Isador H. Coriat, Psycho-Analysis and the Sexual Hygiene of Children. The Child. Vol. II, No. 4, January, 1912.

repetition could be clearly shown to be reactions of defense and compromises with the suppressed sexual ideas. These continual repetitions finally became an automatism which completely dominated and mastered him. Finally there developed strong irresistible impulsions to pick up and accumulate all kinds of useless rubbish. If these impulses were resisted, a typical attack of cardiac anxiety would develop, whereas if yielded to, there followed a sense of relief akin to his former sexual satisfaction. The dreams were either disguised sexual symbolisms, or were literal rehearsals of his past abnormal sexual acts. In a psychoanalysis of the condition, among other interesting dreams, the following typical Œdipus-complex dream was recorded and analyzed. It seemed to furnish the main complex responsible for the development of the psychoneurosis and its elements could be traced back to the earliest years of childhood.

Dream. He seemed to be engaged in the sexual act with his mother, whose body in the dream resembled that of a young girl. During the act there was neither excitement nor a feeling of revulsion. The dream suddenly terminated by a knock at the door and the entrance of an unrecognized person into the room.

Analysis. Five years after the marriage of the patient's mother, she gave birth to twins, the patient himself and a brother. His father was a number of years older than the mother. She was his second wife and on his marriage he brought a young son, by his first wife, into the new household. Before the patient's birth, his mother had some difficulty with her stepson until finally the boy was sent away from home, and he very rarely saw his step-brother after this episode. In consequence of his father's first marriage, he always felt that he did not obtain the full share of his father's love, because he considered that he was more closely attached to the son by the former wife. This emotion of resentment towards his half-brother could be traced back to the earliest years of childhood, in fact the subject could not recollect a time from which this feeling was absent. During these early years he also doubted if his father were lavishing upon his mother the full share of love and attention

to which he felt she was entitled. He was certain that the memory of his father's first wife and the feeling that perhaps his paternal affections were stronger for her and for their son, were strong factors in this sense of hostility.

As a result of this reasoning and mental conflict, he developed the idea that his (the patient's) love for his mother was greater than his father's affection for her, and as a consequence, for years and even up to the present time, he has had more affection for his mother than for his father. For instance, he has more confidence in his mother and has confided matters to her which he has never told his father, because he felt that his mother understood him better. So far as he could observe during the early years of childhood his father at least never outwardly showed much affection for his mother, and, therefore, as a compensation he began to demonstrate an over-fondness for her. He would so fondle, hug, and kiss his mother in public, that bystanders would comment on this attitude of over-affection.

Up to a certain age the household arrangement was such that his twin brother slept with his father, while he slept with his mother. This plan particularly pleased him, as it gave him the opportunity of intimate physical contact with her. The arrangement continued up to the time he was about ten years of age. Then a change took place, and he and his twin brother slept together in a bed which was placed in their parents' room. He was admonished, however, by his mother, that if he were afraid to sleep alone, or if at any time he became frightened during the night, he could come to his mother's bed again. Thereupon shortly afterwards he purposely would cry out and manifest great fear during the night, would make excuses that he was nervous in order that he might be taken to his mother's bed and thus replace his father, who under these circumstances would be compelled to sleep with his twin brother. On these occasions he would imagine that he was giving his mother an amount of affection which she did not receive from her husband, would embrace and kiss her, etc. At about the same time he began to feel that his father was cold in his attitude towards him and loved his twin brother better, a mental conflict which soon developed into a marked

but repressed hostility towards his father. Once while sleeping with his twin brother he accidentally saw the sexual act between his father and mother. This he interpreted as a vulgar species of masturbation with which he was acquainted, because he had already aquired the habit and he resented that any one, even his father, should treat his mother in that manner.

In addition, for years he feared that another child might come into the family. Any such occurrence would have meant to him a terrible calamity because he knew that the inevitable consequence would be that his mother's love would naturally be expended on the young infant, to the neglect of him; and secondly, he knew that pregnancy, for a time at least, would deform his mother's body. This latter was especially distasteful to him, as he experienced the most voluptuous sensations by rubbing his hand over the skin of various portions of his mother's body, and sometimes these actions were associated with a marked libido.

Thus little by little his hostility towards his father grew stronger and stronger, he respected him less and less, and, consequently, he became more strongly attached to his mother. As his father took a domineering attitude towards his mother, he felt that he must protect her, particularly since his twin brother seemed more strongly attached to his father.

On a number of occasions he has dreamed that either his father or twin brother were dead, a disguising of the Œdipus-trend, resulting in an unconscious wish-fulfillment of their deaths, so that his attitude to and his relations with his mother might be undisturbed. His twin brother also entered into these dreams, because he felt that this brother, like his father, was antagonistic to his mother and, therefore, he unconsciously wished both removed, although the wish was suppressed and only appeared in a disguised, symbolic form. As he grew older his day dreams of the ideal woman he desired for a wife always took the form of some one who resembled his mother in physical appearance and character, sometimes indeed the woman would be actually identified with his mother. Later other Œdipus dreams appeared in which the incest complex was transferred to an indifferent person, usually much older than the patient, and yet on

analysis this person could always be identified with his mother.

Thus there has been given an extended analysis of a dream showing a typical, undisguised Œdipus-complex. This literal Œdipus dream is rather rare, as in most cases the incest-complex is usually disguised and assumes the form of the death or the funeral of the person who interferes with the love towards the mother — that is, the death of the father. The intense desire to sleep with his mother was for the purpose of interfering in any further sexual acts, and to prevent his mother being rendered ugly and deformed through pregnancy. Thus he not only learned to love his mother, but on analysis this feeling for her could be shown to have a sexual basis. As he grew older, this impulse to a definite-object selection was interpreted as an incestuous fantasy, which profoundly influenced the development of the compulsion neurosis.

In the Œdipus dream there is an interesting displacement, the mother appearing as a young girl, thus representing the imaginary wish-fulfillment that his mother were a younger woman. Although there was no open hostility displayed against his father, yet a repressed hostility could be demonstrated, because he felt that his father was a rival for his mother's love. When quarrels took place at home, his twin brother would side with his father while the patient would take his mother's part, so that she would not stand alone.

It is interesting to note, that while the patient was in the habit, during the course of the analysis, of writing down all his dreams, yet he omitted to write the dream containing the incest-complex, merely relating it verbally and excusing his failure to write it down because he considered it unimportant. This failure to spontaneously relate a dream is an example of a trick of the censor, an effort of the unconscious to prevent the complex from reaching consciousness. In the analysis of the dreams containing the Œdipus-trend, the resistance was marked because of the strong repression.

Thus the disguised and undisguised Œdipus dreams in this case arose from a repressed complex of an incest wish.

The particular dream analyzed was markedly condensed and literal. The nakedness in the dream was an erotic symbol of childhood joy and delight in exhibitionism. The simulated fear at night when sleeping alone was for the purpose of entering into closer physical contact with his mother, a mental mechanism analogous to simulated foolishness in hysteria.

The dream showed several complexes, namely, an incest-complex, a displacement-complex, and an exhibitionism-complex. It is interesting, too, that in spite of an Œdipus-trend, there was no sexual excitement in the dream, a kind of an unconscious wish to neutralize the incest-complex due to the building up of incest barriers. Yet on the other hand, a sense of revulsion was absent, demonstrating that although a sexual feeling might be incompatible with consciousness, yet this absence of revulsion might be a compromise for excitement. Why the dream was not completely symbolized can be answered only on the supposition that there was a weakened censorship, leading to an incomplete suppression of the complex.

Case II.— B, a young man thirty-two years of age, for a number of years had suffered from a psychasthenic condition in which he felt compelled by certain tests to search out omens in nearly all the acts of everyday life. These omens or testings finally became so severe and reached such a complex degree, that he became greatly depressed, and obsessed by marked religious scruples. At the height of the compulsion of omen testing he would have a typical attack of anxiety, with restlessness, tachycardia, and dryness of the mouth and tongue. In this case there was a marked sexual hyperæsthesia and it could be demonstrated through a psychoanalysis that in early childhood he was subject to intense auto-erotic reveries of a sadistic-masochistic character. These reveries assumed the type of punishment by a woman. This latter was closely interwoven with complicated and marked abnormal religious ideas and scruples. In the course of the analysis, a well-developed psychosexual family-complex could be demonstrated. Through the dream analysis it could be shown that it was but a step from the sexual ideas of being subdued and punished by a

woman to the development of a fully developed Œdipus-complex, particularly since the active punisher was identified with the subject's mother.

Dream. He seemed to be in the company of an older man and was about to buy some yellow roses for his father's funeral. In the dream there seemed to be little or no emotion concerning his father's recent death. Then the dream suddenly shifted and he appeared to be in a carriage, driving home from his father's funeral. He was quite jolly, and although in the dream this did not seem quite the proper attitude at such a time, yet no attempt was made to suppress this exalted state.

Analysis. This is a typical, disguised Œdipus-complex dream based upon an imaginary wish-fulfillment. Both the father and mother were alive and in good health at the time of the dream. As a child he was decidedly over-fond and over-affectionate towards his mother, but thought less of his father, in fact towards the latter he was hostile in a blind, unreasonable manner.

At a very early period of life he began to have sexual excitement of a peculiar nature. On analysis this was found to be a form of ideal or psychical masochism. He would imagine himself physically exposed by a definite woman, and then whipped upon the exposed buttocks. This imaginary punishment would be the source of an intense sexual excitement. These masochistic tendencies were either actually visualized at night, while he was in bed, or they formed part of his childhood reveries during the day. In association with the infliction of the punishment and consequent pain, on analysis there could be demonstrated a typical Œdipus-complex. In other words he always selected for the active punisher a married woman with children, about his mother's age, a kind of substituted incest-complex. Finally this imaginary punishment was carried to a point where the woman physically and mentally not only resembled his mother, but in time actually became his mother. Thus in a roundabout imaginary masochism he managed to have sexual excitement with a kind of substituted mother, in reality a typical Œdipus-complex.

In addition he would lie awake during the night and

allow these ideas of passive cruelty to flit through his mind, and with the ideas there was associated an intense sexual excitement. Gradually there occurred a transference of his sexual punishment to ideas of religious punishment for imaginary sins and blasphemies, because he felt that these sexual ruminations were wrong and sinful. Sometimes these feelings of subjugation would reach such a point that he would imagine he were locked in a room, in order that the idea of complete subjugation and bondage might be intensified.

There have been frequent dreams of his father lying dead in a coffin, but he has never dreamed of his father coming to life after death. He has, however, dreamed of his mother lying in a casket and as he watched, her body would come to life. Here we have distinct examples of an unconscious wish-fulfillment. There have also been dreams of a literal Œdipus variety. In these dreams his mother appeared much younger, here again a wish of the unconscious for sexual excitement with his mother, who must at the same time be a young woman. Sometimes the sadistic-masochistic imagery would become elaborated and highly dramatic; for instance, he would imagine that he was imprisoned by a powerful woman and kept a prisoner for purely sexual purposes. Since sexual ideas in association with his mother were repulsive to him and since he repressed these, he attached his libido to other women whom be substituted for his mother in all details except in name. The infliction of pain by a beloved person is a form of erotic symbolism exercised through an unconscious mental mechanism which has a sexual coloring. In the analysis given above, the unconscious masochistic mechanism was a typical Œdipus-complex, but disguised and symbolized because of the feeling of repulsion towards an incest trend.

Case III.— C, a young man twenty-four years of age, for several years had been troubled with a phobia of red. Whenever he looked at a red object it seemed living and animated. This phobia followed a so-called nervous breakdown four years previously, in which, among other symptoms, there developed a fear of insanity, attacks of anxiety and depression, fatigue, a fear that he might commit suicide

by throwing himself down from high places, etc. For years he felt that he was physically unattractive. He therefore did not seek the company of women, but was in the habit of acquiring his sexual satisfaction by erotic reveries of mutilation of the genitals of himself and others, in his imagination torturing them without the use of an anæsthetic. The absence of any anæsthesia always furnished an integral portion of these reveries. This psychical sadism and masochism often took on the character of a most elaborate ceremonial, such as initiation into some secret society, a medieval festival, or imprisonment of the imaginary victim in an old feudal castle or dungeon. In these reveries and day dreams the blood which resulted from the imaginary tortures on analysis proved to be the unconscious mental process which finally developed into the phobia of red. Other details are given in the analysis of the Œdipus-complex, which existed to a marked degree in this subject. This complex also furnished a portion of the unconscious deterministic process which made up a portion of the phobia of red. The Œdipus-complex in this case played a part equally potent with the sexual reveries in the formation of the psychasthenic state and it appeared in several typical disguised dreams.

Dream. He seemed to be carrying the dead body of his father and placing it on a shelf. His sorrow did not appear very deep, although his mother, who was present, seemed greatly grieved. He attempted to pronounce the burial service over his father's body, but could not seem to remember it, and later, when he attempted to extemporize such a service, he likewise failed.

Analysis. In this dream there is a typical disguised Œdipus-complex. Early in childhood, because his father once returned home intoxicated, there had developed a gradually increasing hatred of his father, and as a result he avoided him and tried to blot him out of his life. In consequence, the love for his mother grew greater and greater. He has never wished for a brother or sister, because, after the above-mentioned episode with his father, he became very jealous and afraid that the appearance of another child in the family might deprive him completely of

his mother's affection. For years he has secretly wished for his father's death. Although he strongly repressed this wish, yet at any time his father became ill there arose a secret joy in the thought that perhaps he might not recover from his illness. The fact that he could not remember a word of the burial service in the dream, whereas he could partially repeat it when awake, is an interesting example of censorship, *i. e.*, he could not remember it because he did not wish to remember it. Even before the mentioned episode, he never was over-affectionate towards his father, although he never had a feeling of hostility. This he explained as arising from the fact that his father paid little attention to him and never fondled or played with him when he was a child. There were times when his mother's attention to his father made him intensely jealous, and, therefore, he often thought that if his father were dead the source of the jealousy would be removed. He was never openly hostile against his father, because of the repressed love for his mother. Little by little, however, the love for his mother deepened, and he desired to be more intimate with her because she was of the opposite sex. He has never dreamed of his mother being dead. On several occasions, when a child, there developed a sexual feeling for his mother, and it was only with some difficulty that this impulse was controlled.

In another dream of a most elaborate character this change of attitude towards his father and the increased love for his mother was clearly symbolized. This dream was very complicated, as portions of it contained a sexual ceremonial complex which it is not necessary to relate here. The part of the dream containing the repressed family conflict is as follows:

Dream. He seemed to be with his father at the coronation of King George, waiting for the coronation parade. Suddenly the King came, followed by the Queen. The latter wore a blonde wig and both acted in a most undignified manner. He was, however, attracted to the King. It was afterwards learned that they were not the real King and Queen, but imitators who had been hired for the occasion. Later in the day he met the real King and Queen. The latter resembled his mother in features and actions, and he immedi-

ately developed a deep affection for her. The King, however, he greatly disliked.

Analysis. It has been shown that up to a certain age the subject liked his father but cared little for his mother. Later, however, this affection became reversed. Thus this portion of the dream is a disguised Œdipus-trend, and is a secondary elaboration of the main theme. The dream displacement (Queen for his mother, with its consequent affection) is very interesting, representing as it does his change of mental and emotional attitude towards his mother. Later the Œdipus motive reappeared in the following:

Dream. He seemed to be going through a marriage ceremony with a young girl, and his mother seemed to be reading the ceremony. Finally when they came to the words "love, honor, and obey," both he and the girl refused to assent to this phrase, wherewith he was secretly glad.

Analysis. For years has had the feeling that he would not care to marry, because he had the idea that he would not wish to degrade his wife by coitus, the same idea which he had concerning his father and mother when a young child. Further analysis showed that in the dream he was really marrying his mother, but the situation was displaced and transferred to the young girl because of the incest barrier, although the wish-fulfillment was distinctly present. In the dream he abhorred the girl he was about to marry, but loved his mother, and preferred to marry her rather than the girl. The incest fallacy was not perceived in the dream, because again, by a trick of the censor, he did not wish to see it.

The complex again appeared in the following dream. He appeared to be in a store and about to purchase a red curtain. They did not have it in stock, and when later he returned in the company of his mother, it appeared that his father had recently died. Analysis of this dream revealed the following complex. One night, when quite young, he overheard his mother reprimanding his father concerning the latter's alcoholic habits. She stated that if he did not stop, that he would die of apoplexy, as this was already indicated by his red complexion. After this episode he kept noticing his father to see if the complexion continued red, as this would

indicate to him alcoholism, apoplexy, and then death, a death which he secretly desired on account of the feeling of hostility towards his father. By an over-compensation, his love was then transferred towards his mother.

It is interesting to note that this dream was not written down with the other dreams, as was the subject's habit, but was told verbally and carelessly because, according to his explanation, he thought it unimportant. The real explanation was, however, that he did not record the dream because he did not wish to have it analyzed, as it contained some of the most painful elements of the complex. The unconscious knew, if that particular dream were analyzed, the repressed complex would be reached and the cause of the dream brought into consciousness. Therefore the unconscious attempted to hide the dream containing this complex by making consciousness believe that it was unimportant. An exactly similar mechanism took place in the first of our reported cases.

Finally the Œdipus-complex again appeared in the following dream, thus demonstrating how the dream-life in the course of the psychoneurosis was completely tinged with the Œdipus-trend.

Dream. A red-faced, black-bearded chaplain of the Navy was reading a funeral service at the burial of the victims of the battleship *Maine*. Several times in the midst of the service he referred to casket number two. Finally he opened this casket exposing the body to view. The corpse was partially decomposed and white-bearded, and on looking at it the patient found that he was gazing at the dead body of his father.

Analysis. Here again the childhood wish-fulfillment of his father's death appeared in a dream. A displacement again occurred, the florid complexion of his father being transferred to the chaplain. In the subject's childhood he often made imaginary funerals with casket-shaped building blocks, and in his day dreams he always imagined he was burying his father, never his mother. Not only did he wish his father's death in order to gain his mother's entire affection, but in order that he might have a stepfather who would treat both him and his mother more kindly. Thus the num-

ber two on the coffin was not an accidental occurrence, but predetermined by unconscious complexes, namely, the unconscious wish for a second father and for his mother a second husband. In the event of his father's death, he also wished that his mother would marry his father's bachelor brother, who was rich and prominent, thus developing what may be termed a Hamlet complex.

CASE IV.— The following typical case of an anxiety neurosis offers an excellent example of the following statement from Freud: "When a once healthy person merges into disease after an unhappy love affair, the mechanism of the disease can distinctly be explained as a return of his libido to the persons preferred in his infancy."[1]

D, a young man thirty-four years of age, about two months after his betrothal to a young woman, began to suffer from typical anxiety attacks. The first of these attacks took place at night. He awoke from sleep in a panic, with a feeling of muscular rigidity, anxiety, and terror. At the end of three or four hours the attack subsided, but it was repeated on several successive nights. Since then he has complained of a sense of lassitude, indifference, and fatigue, with occasional anxiety phenomena, these latter were of less severity than the earlier attacks. The physical examination was negative and there were no stigmata of hysteria. The mental state associated with the physical anxiety and sense of precordial distress was an unexplainable sense of repulsion towards his fiancée and a feeling that he had committed a grave error in becoming betrothed. Therefore he determined to terminate the betrothal, but circumstances were such that a marked sense of indecision arose. A psychoanalysis, however, conducted partly through free association procedures and partly through the dreams, revealed the unconscious mechanism of the feelings of repulsion and indecision and of the morbid anxiety.

Psychoanalysis. Several weeks before the first anxiety attack he began to feel that he was committing a great error in planning for marriage, and thus breaking away from old family associations. For years there had been a sense of

[1] Drei Abhandlungen Zur Sexualtheorie, p. 74.

very close intimacy with the family, particularly for his mother. In fact, the patient was the eldest of four children, and his mother, therefore, had always seemed more interested in him than in the other members of the family. Thus while he was the favorite of his mother, he never felt so closely drawn to his father, although at no time was there any actual feeling of hate or hostility. It further developed that eight years previously the patient had experienced another unhappy love affair, although without any symptoms of morbid anxiety. In the light of what follows during the course of the analysis, this episode is of significance, for it could be shown that the anxiety did not develop then because his feelings for the young woman were greater than his affection for his mother, a situation exactly opposite to the situation at present.

For years he was much attached to his mother, and even during the period of engagement his mother occupied his thoughts to a great extent. The emotional anæsthesia towards the young woman seemed, therefore, to be due to the inhibitory influence of this unconscious family complex, particularly his deep affection towards his mother. Thus there arose a mental conflict,— whether to break away from old and fixed family ties and associations or to enter into the new relationship of marriage, thus severing all relations at once,— a typical Œdipus-complex. He entered into the new relationship of a betrothal and a possible marriage with a mental reservation caused by this complex, which had such an inhibitory influence that he could not fully transfer the affection he felt for his mother to his fiancée. His fiancée he considered a rival for his mother's love, and the morbid anxiety was the effort of the unconscious to neutralize the rivalry and the resulting mental conflict. He had always been over-exuberant in his love for his mother, and for years entertained the thought that he could never marry while his mother was alive. He has dreamed that his father and various members of the family have died, but he has never dreamed of his mother's death. Thus the mother-complex blocked the affection for his fiancée and caused the emotional indifference.

As a result of this analysis, which has clearly laid bare

an Œdipus-complex, the cause of the anxiety attacks becomes clear, namely, they resulted from unconscious motives and incubations in which the repressed love for his mother was more powerful than his feeling for his fiancée. Additional data showed a neurotic family history and revealed the fact that since childhod the patient had been subject to states of anxiety and timidity on facing new enterprises.

An analysis of the dreams revealed other phases of the repressed complexes, and also furnished interesting examples of number symbolisms or unconscious manipulations of numbers. It could be shown that the numbers appearing in the dreams were not accidental but that they represented the important unconscious mental conflicts of the subject,—namely, the Œdipus-complex,—and this bore an intimate relationship to the biographic data secured.[1]

Dream. He seemed to be in a lawyer's office. The assistant was making notes and writing figures on sheets of yellow paper. The figures when added made the sum of 3,990. These figures seemed to be kind of an inventory of the subject's mental make-up, that is, integrity so much, honesty so much, etc. The assistant commented that the lowest figures were those concerned with the subject's affections and finally said, "It is useless to go on with this thing," which the subject interpreted as his betrothal.

Dream. He seemed to be standing near a large building in front of which was a green-colored moving van with yellow lettering and the figures 317 at the bottom of the team.

Analysis of the Number Dreams. The first dream seemed to reduce his unconscious mental make-up and aspirations to an exact mathematical science. The yellow color in both dreams seemed to him to characterize the "yellow streak" in his character,—namely, the fear that he might not be able to honorably terminate the betrothal. The dream also meant to him a mathematical demonstration of lack of feeling for his betrothed. An analysis of the figures occurring in the two dreams demonstrated how complicated

[1]For analyses of number dreams and the symbolism involved, see papers by Jung and Jones in the Zentralblatt f. Psychoanalyse (Vols. I and II), and also Steckel's Die Sprache des Traumes (Chapter XXXVIII).

may be the various manipulations of figures taking place in the unconscious and furnished an exact demonstration of the subject's mental conflict. This number symbolism was as follows:

$317 = 3 + 1 + 7 = 11$

$3990 = 39 + 9 + 0 = 48$

$48 + 11 = 59$ (the age of the subject's mother).

$3 + 9 + 9 + 0 = 21$

$3 + 1 + 7 = 11$

$21 + 11 = 32$ (the age of the subject's fiancée).

Thus the numbers were not accidental, but clearly revealed the struggle taking place in the unconscious. This struggle was symbolized by numbers, representing both the age of the subject's mother and of the subject's fiancée; in other words, the emotional conflict of the Œdipus-complex which produced the anxiety phenomena.

ANAL EROTICISM AND CHARACTER[1]

BY A. A. BRILL, PH.B., M.D.

Clinical Assistant in Psychiatry and Neurology, Columbia University; Visiting Neurologist to Bronx Hospital and Dispensary

IN his Three Contributions to the Sexual Theory, Freud[2] shows that the sexual impulse in man consists of many components and partial impulses. Many essential contributions to the sexual excitement are furnished by the peripheral excitement of certain parts of the body, such as the genitals, mouth, anus, and bladder outlet, which we call erogenous zones. All these zones are active in infancy, but only some of them go to make up the sexual life. The others are deflected from the sexual aims and utilized for other purposes. This is the process of sublimation. During the sexual latency period — four to beginning of puberty, eleven — reaction formations, like shame, loathing, and morality, are formed in the psychic life of the individual at the cost of the excitements furnished by these erogenous zones, which act as dams for the later sexual activity. The anal zone is one of the components of the sexual impulse which, though active in infancy, falls into desuetude in the course of development, for our present cultural life does not use it for sexual purposes. It is the reaction formation of this zone that I shall here discuss.

In the course of psychoanalysis we come across patients who tell us that it took them a long time to learn to control their bowels. These patients recall that even in the later years of childhood they occasionally met with an accident. When we investigate still further we find that they belonged to those infants who refused to empty their bowels when placed on the chamber because defecation caused them pleasure. A number of my patients clearly recalled that even in later years they obtained pleasure by withholding their movements, and that they took an unusual interest in their

[1]Read before the American Psychoanalytic Society, Boston, May 28, 1912.
[2]Translated by A. A. Brill, Nerv. and Ment. Dis. Monograph.

fecal excretions. This usually shows that their sexual constitution brought along an enhanced erogenous significance of the anal zone. As they grew older all these activities disappeared, and instead they manifested a triad of qualities which were described by Freud in his article on Character and Anal Eroticism.[1]

To illustrate this character I shall cite the following case:

X, forty-four years old, divorced, a very successful merchant, was referred to me for treatment by Dr. F. Peterson. The patient stated that his present illness dated back to his twentieth year. On examination it was found that he presented a typical compulsion neurosis,[2] and that some of the compulsive ideas were as follows. When eating soup he would think it urine; when eating sausage he would have to think of feces. The noise of an auto horn made him think of a flatus or horse's flatus, on account of which he gave up automobile riding. On going to sleep he became obsessed by visions of people having movements of the bowels. A woman's mouth made him think of the rectum, her eyes recalled the anus. Shaking hands with a person recalled a man using toilet paper. Looking at big fat persons would obsess him with thoughts of their fecal excrements, the size, consistency, etc. A person with protruding teeth would recall feces protruding from the anus. The moon constantly recalled the rectum.

These are only a few of the many dozens of similar compulsive ideas which forever obsessed him. Besides the obsessions he suffered from chronic constipation and from many other somatic disturbances.

On hearing this voluminous skatological story I naturally thought of the anal eroticism, and the more I became acquainted with my patient the completer the picture became.

Now Freud describes the persons showing the anal eroticism as being especially orderly, economical, and obstinate. Every one of these terms embraces a small group or series of allied characteristic features. Thus orderly includes physical cleanliness as well as scrupulosity in little

[1] Sammlung kleiner Schriften zur Neurosenlehre, p. 132.

[2] Brill, Compulsion Neurosis, American Medicine, December, 1911.

things; its opposite would be disorder and negligence. Economy may shade into avariciousness; obstinacy may lead to spite and to a tendency for violence and revengeful acts. It is the last two — economy and obstinacy — that hang most firmly together, and are most constantly encountered, though the third is often found in the same person.

X dressed and looked very neat and gentlemanly. He was very conventional, moved in very nice circles, and tried to make the impression that he was very particular about society matters. Thus, he often referred to his friend as not a gentleman because he would not always put on evening dress for theater. The slightest infraction of the general rule offended him. He lived in the best hotels and belonged to some very fine clubs. From his history I found that he was extremely self-willed and obstinate. He hated all his brothers because they claimed that he thought he knew it all, and he would give me many instances to show that he really was superior to them. This characteristic was not only apparent in his dealings with his family, but with every one else, including doctors. He consulted physicians in almost every principal city in the United States and abroad, and spoke disparagingly of all. He had also been a Christian Scientist and a New Thoughter, but as they did not benefit him he put them on the same level with the doctors. It was often very amusing to hear him speak of doctors I knew, and I have no doubt that I fare no better when he talks to others. His obstinacy and revenge led him to enter into commercial competition with his own brothers, and when his older brother implored his help and threatened to blow out his own brains because of financial ruin, he not only refused to assist him, but said to him, "Not a cent! Shoot yourself; do you remember how you treated me?" (revenge and spite.)

As an illustration of his financial dealings I shall cite an experience I had with him. As I said above he was Dr. Peterson's patient, and I first saw him in Dr. Peterson's office. He became unusually friendly, and as soon as an opportunity presented itself he proposed that if I charged him less for the treatment he would leave Dr. Peterson and come to me. I told him nicely that I could not think of

entertaining such a proposition, and that things would have to remain as they were. A few weeks later he saw Dr. Peterson, unknown to me, and told him that he was poor and unable to continue with the treatment unless his fees were reduced. Dr. Peterson, not knowing the true circumstances, reduced his fee fifty per cent. That same week he invested many thousands in a new business venture in New York City. More than this, when his bill was sent to him at the end of the month he sent a check for about one-tenth of the amount on account. It is now about two years since the treatment ceased and he still sends us small amounts from time to time. I may here mention that he is a very wealthy man and owns large interests in a number of big commercial houses. His dealings with other people were of a similar nature. Thus, I prescribed some medicine for him and he then complained that the druggist was a highway robber. He lost the friendship of many people because of his stinginess. I have this from his own account. In fine, he was what people would call a miser, though to all appearances he looked like a generous gentleman. As a business man he was a great success because, as he said, "I knew how to manage things, and I could always be relied upon."

The extreme neatness, orderliness, and reliability in our patient are nothing but reaction formations against the interest in the not neat or dirty which is not a part of the body.

During the analysis I found that as a child the patient had a hard time to control his rectum. He was punished and jeered for regularly soiling himself up to his sixth year. At nine years he was sent home from school in disgrace because he broke wind in the classroom. This was recalled under marked emotivity. He stated that it was a mixed class of boys and girls, which made it still harder to bear. The following year he met with another accident while following a parade. He received a rather severe spanking for it because he had on a new white suit. The patient also recalled that as early as in his fifth year he had the habit of sticking his finger into his rectum, a habit which he continued for years.

Whether he was one of those infants who hold back

their stools I could not discover, but as far as his memory reached there was an extreme interest for feces and for the gluteal region.

It is not simple to connect the interest in defecation with obstinacy, but we must remember that even infants can be self-willed when put on the chamber, and that painful irritations of the skin connected with the anal zone (spanking) are utilized to break the child's obstinacy. We all know that when people wish to express spite or spiteful mocking they invite people to kiss their behind, which points to a repressed pleasure. As a child our patient was very often spanked, not only by his parents but by his older brother. One incident which he especially remembered was a very brutal treatment by his older brother.

The relation between defecation and money, though seemingly remote, still shows a definite connection. Some of you know that the most obstinate cases of constipation can be cured by psychoanalysis. Of course they can also be cured by other means, such as hypnotism, but by psychoanalysis they can be cured only after the money complex of the patient has been thoroughly thrashed out and brought to consciousness. We know that misers are called filthy (filthy lucre), and that in mythology, fairy tales, superstitions, and dreams, money is intimately connected with feces (goose that lays the golden egg). In the old Babylonian teachings gold is the dung of hell.[1] It is also probable that the contrast between the most valuable that man has learned to know, and the least valuable which he ejects as refuse, has formed the identification. This identification is also strengthened by the fact that when the erotic interest in defecation ceases the interest in money begins which was lacking during childhood. The yellow color which is common to gold and feces probably forms another association.

It may also be mentioned that the triad of qualities are not found in those persons who retain the anus as an erogenous zone; *e. g.*, homosexual pederasts. Those whom I know are all very generous indeed. The treatment of X had to be stopped on account of his money complex at the end of about two months, although he admitted that he was

[1] Freud, Anal. Erotic, l. c.

much benefited by the analysis. When he first came for treatment he was so annoyed by the obsession caused by the noise of auto horns that he promised me seventy-five per cent of his income if I rid him of it. After a few weeks' analysis this and some other obsessions were removed, he was very pleased and surprised, he thought it was miraculous, but notwithstanding all this it was impossible for him to pay a moderate fee for his treatment. As far as I have gone the analysis showed an accentuation of the anal zone in infancy, a retarded repression with its reaction formation, as shown by his character, and then a failure of the repression at the age of twenty years with a negative revival of the anal activity in the form of the skatological obsessions.

Case II.— H., thirty years old, suffered for years from a compulsion neurosis which manifested itself in obsessions, doubts, and phobias. To save time I shall merely state that he soiled himself to the age of eight years, and from his mother's account he was almost never free from bowel trouble until the age of five years. The neurosis manifested itself at fifteen years, and besides many obsessive thoughts he was also troubled by an obsessive act. He could not resist the impulse to rub his feces on walls, and at times on his body. H. stated that he had the habit of holding back his bowels because it gave him a distinct feeling of pleasure and stimulated his mental activity. Whenever he was confronted with a difficult task he "practiced constipation." As an example he gave the following episode: As a reporter for a newspaper he was sent to observe and report the maneuvers of the National Guard. He was very anxious to write nice reports, and to accomplish this he would hold back his movements for two to three days until it became almost unbearable, and he would then imagine himself on the battlefield of Waterloo and describe what he saw. Here, too, the anal activities were the result of a failure in the repression af an enhanced zone.

But it often happens that in addition to an erogenous zone there is also a revival of one or more of the partial impulses. Whenever this occurs the symptoms usually show a corresponding combination. The following will serve as an illustration.

Case III.— B., thirty-nine years old, suffered from a compulsion neurosis. He was obsessed with doubts and phobias which referred to definite ideas about people being killed. It would be impossible to give here a description of this very interesting case, which I hope to report in full at some future date. I simply wish to state that he, too, showed an enhanced anal activity in infantile life, although not nearly as marked as in the other cases. But the most prominent factor in his infantile sexuality was the component of cruelty. B. was taught to use firearms at a very early age. His greatest pleasure up to the age of nine to ten years was shooting birds, squirrels, and rabbits. At the age of puberty he became very sympathetic, and one day after shooting a squirrel he suddenly experienced feelings of compassion and remorse. Since then he found it very hard to go out shooting. When his neurosis developed at the age of eighteen years he also began to suffer from constipation, which continued ever since for fifteen years. No medication would relieve him until he accidentally discovered that the following process gave him a movement of the bowels. He once played with a spool of cotton upon which was a picture of a child. He rolled it and when the child's picture came his way he stuck a pin into it. After five minutes of such play he would have a movement. He then resorted to this practice, which he modified from time to time until he was cured. He carried a number of long pins which he sharpened from time to time, and every morning he drew a picture of a girl and thrust the pins into the region of the heart. When he was very busy he would simply draw a target on paper and throw his pen at it, imagining that it was a girl. As the years went by he resorted to many other variati ns. Thus when he lived in the country he would shoulder his rifle and go out into the garden, and by imagining that he was shooting Indians his bowels were soon stimulated to activity. Sometimes he imagined himself fighting, which gave the same result. On one occasion while throwing his pins at a picture one of them fell through the window into the garden, and as children were wont to play there, he soon became obsessed with the idea that one of the children might swallow the pin and die. This was the first obsession of this kind which continued in different forms.

All these patients showed a special interest in their anal activities in childhood and in adult life. Later when the infantile activities of the anal zone remained in a state of repression they belonged to that class of persons who prolong the act of defecation by reading books and newspapers in the water-closet; thus X referred to the water-closet as his library. With the onset of the neurosis which signifies a failure of repression, the originally enhanced anal activities came to the surface in the form of symptoms; *i. e.*, the neurosis represented the negative of the perversion.

The analyses of these as well as of a number of other cases fully corroborate Freud's formula; viz., that the permanent distinguishing traits of a person are either unchanged continuations of the original impulses, sublimations of the same, or reactions formed against them.

REPORT OF A CASE OF VERSUCHUNG ANGST ATTENDED BY VISUAL HALLUCINATIONS OF A HOMICIDAL NATURE[1]

BY G. A. YOUNG, M.D., OMAHA, NEBRASKA

IN 1904 Warda described a type of obsessions which he sought to specify by giving it a name of Versuchung Angst, and postulated its origin in a constitutional tendency to anxiety states. The type as outlined by Warda is characterized by distressing ideas of violence, sacrilege, or obscenity in marked contrasts to the apparent nature of the patient.

Skliar, in 1910, has cited eight cases of a similar nature, and deprecates their segregation as a clinical entity on the ground that such cases show no essential difference from other forms of imperative ideas. Freud, in his recent "Remarks upon a Case of Obsessions," states it would be more correct to use the term *zwangdenken* rather than *zwangvorstellungen* — imperative thinking instead of imperative ideas.

Although the scope of the paper prevents justice being done to the material obtained by the analysis, the case here reported seemed worth recording from several points of view. First, the symptomatology of the case is striking, and the symbolism of the hallucinations is closely associated with the Œdipus-complex that underlies the whole clinical picture. Second, the disease can be considered as the culmination of a character development which can be traced from early childhood. Third, there is a striking resemblance between the hallucinations here experienced and the Angst dreams of the neurotic. Fourth, the content of the phenomena related stand in associative connection with the sexual phantasies of the child towards his mother. Fifth, the causal relation of these phantasies to the development of a masochistic and homosexual inclination as a defense reaction was clearly shown.

In the paper none of these points can be developed at any length, and only the main features will be noted. The

[1]Paper read at the Annual Meeting of the Psychoanalytical Association, Boston, May, 1912.

patient, a male, age twenty-two, intelligent and of common school education, came to the writer in August, 1910. He had been treated for neurasthenia for four months, but had told no one of the real nature of his trouble for fear he would be adjudged insane. In a hesitating, fearful manner he told about having uncontrollable thoughts and visions of violence and murder for the past four months, in which he would see himself killing his mother and sister. These thoughts, and fears that he would be forced to carry out these visions, were of such a depressing nature that he said he could neither rest nor sleep, and that unless he obtained relief he felt that he must carry out the thoughts of suicide that so frequently came to him. He felt weak, had lost weight, and though six feet three inches in height, weighed but one hundred and fifty pounds. He realized the visions were not real, though they came with the vividness and intensity of reality. Not only were his waking moments filled with impulses to violence, but his dreams were of the same character and he frequently awoke in distressing nightmares.

The physical examination of the patient was negative. His general attitude was deprecating and shy, his posture stooping, and his walk had a peculiar tiptoe-like tread. The facial expression was depressed, and his eyes, hollow and surrounded by dark circles, had the gloomy, anxious, and fixed gaze so characteristic of the severe depressions. He was well oriented and in no sense seemed to have lost hold of reality.

His father and mother were both living and healthy. Two maternal aunts had suffered from attacks of depression, but both had been well for years. The mother was emotional. The patient was the youngest of the family, which consisted of seven brothers and one sister, the girl being the next oldest to the patient. The brothers had been away from home several years and he and his sister, of whom he was very fond, had supported the two parents for the past four years.

From the age of five he had always been of an anxious and sensitive temperament, and has been much inclined to stay at home. Before the age of five he was said to have

been bright and free from fears and learned readily, but after five he became timid and fearful and, in his own words, full of conflicts.

At the age of nine he had an attack of depression lasting six weeks in which he cried a great deal, and, as he expressed it, could not get any fun out of life. At the age of twelve, after a few days of depression, he had a sudden impulse to strike his sister from behind with a hoe, and for three months after the impulse to strike his sister and mother with a hatchet, axe, or hoe were very frequent. His depression and sense of self-blame were very intense at this time. From this age to the outbreak of his trouble in 1910 he remained well and, on the whole, was of a fairly happy, though sensitive and retiring disposition. He was especially noted for his consideration and care of his mother and sister.

In October, 1909, his sister had become engaged and had intended marrying at Christmas. He was very depressed at the thought of losing his sister. He did not want her to marry and had her postpone the wedding until the following June, as then he could get a vacation and go with her on her wedding trip. In November, 1909, he began correspondence with a young woman in a distant town whom he had not seen for three years. He did this with the intentions of becoming engaged to her.

From January, 1910, on until the appearance of his violent thoughts he had been increasingly depressed and absent minded, and had found it difficult to perform his duties in the store. In February, after a day or so of feeling unusually well, he suddenly had the thought, "what if my parents should die." The thought came as a shock and he felt grief and fear at the prospect; that life would not be worth living without them.

On May 18, 1910, while seated at the piano playing, he saw his sister through the window across the street. The idea of shooting his sister with a revolver suddenly came to him and with it the fear that he might shoot her. The next evening after dark he went out walking with his sister, and as they were passing under some trees, the phrase, "in a dark lane," came to him, and with it the thought of killing her. The day after, in the basement of the store, he saw a

coffin standing at an angle of forty-five degrees, and his mother in it, and the thought of killing his mother seemed to strike him like a blow.

Following the vision of his mother's corpse in the basement, homicidal fancies of killing his mother became increasingly frequent and insistent, and his visions of death and acts of violence became more and more terrifying. His depression was intense, and by the latter part of May he was forced to discontinue his work. He remained at home until the end of June, when he left, as he felt he could no longer be sure of himself. His sister had married, and his visions concerned his mother almost entirely. There were no ideas of violence toward his father or toward others than his mother until he left home, when visions of violence toward his brothers and his female cousins, with whom he stayed, came to the surface. The idea that he was insane preyed upon him and the thought of suicide was never far absent.

From the time he left home, the last of June, to the last of August when he came under my care, his visions remained unchanged. The description of some of the visions which follows is taken partly from the notes made during the analysis and in part is quoted direct from his own description written during the analysis.

During the early part of June the patient was standing by the pump and saw an axe near by. He put his foot on it and then saw a woman standing close at hand with a long bleeding gash on her neck. He said to himself, "that can't be my mother," and at this moment his mother appeared beside the other woman but without a wound. At the same time he saw a man in blue overalls going around a corner of the house.

Once he was standing near the barn and his mother was not far off. Of a sudden he saw a lathing hatchet fly by and strike his mother on the head, and at the same time he saw another pass near his hips and strike the barn. He heard the sound of the blow and then for a moment saw the cut of the hatchet in the wood.

While lying in bed in the house, in May, an arm and hand carrying a knife of a peculiar shape appeared to him

as his mother came in the room and near by the knife floated a purplish heart.

For further descriptions of the visions allow me to quote from the patient's own statements. These were written while the patient was in full *Ubertragung*, or state of transfer, and some of the visions naturally concerned the writer.

"A vision of a coffin with a cardboard on it with this inscription, 'waiting for ——'; a vision of a butcher knife, and following it the sight of a naked woman; a vision of my mother under a waterfall dead, and over the water a plug of horseshoe chewing tobacco. This last vision followed the thought, 'if my mother were dead I could get married.'" (The recollection of this idea came two months after beginning treatment.) "A vision of a hammer lying near mother which went to tapping her upon the head. Then there seemed to be an expression in my head not to give up this idea until it was carried out; a vision of my mother sitting in a chair and my walking up and shooting her. Again I was pictured standing up in one room and my mother kneeling in the other, and I was shooting her through the door. The next was seeing my mother's neck cut and bloody water coming from the wound. One Sunday I was afraid to stay alone with mother for fear after every one was gone I might kill her. Then one Sunday I thought she was coming home alone from church and I would be alone with her, but it was a female cousin and I thought, 'what a narrow escape.' Then a vision of seeing my mother in a barrel of brine in a meat market. A vision of seeing Dr. Young and myself lying in a street near a ditch that had been freshly dug, I lying with my arm across his body. Another scene of the doctor being carried in on a cot with a netting spread over him. A vision of the doctor and myself in the act of murdering my mother, she lying limp in my arms, and of my going to throw her in the river; vision of myself jumping out of a window or off a bridge, and the feeling of relief accompanying the act. At times I feel like sticking my head into a wagon wheel or under the wheel of a street car. I was afraid I would murder the nurse by throwing a rod at her endways." (At the hospital he was afraid these assaults on the nurses would take place at one thirty, and was afraid to

look at the clock for fear he would find the hands at this position. This fear left him after the analysis of a hat and clover leaf dream wherein he saw a hat stuck full of individual clover leaves. In the analysis the associations with the clover leaf and the hat led to the symbolism of numbers. The numbers three and one became clear to him as phallic symbols, and the hat as symbolic of the vagina. No mention that day was made of the one thirty phobia. The next morning the first thing he said was that he no longer feared to look at the clock. The number one thirty represented a coitus in which the one stood for the penis, the two curves of the three for the testicles and the zero for the vagina.)

"Again I had a vision of seeing Dr. Young lying on the grass surrounded by fire and I jumping into the fire with him. Another vision of Dr. Young and myself bound to the tops of two telephone posts which were connected by telephone wires." The symbolic nature of these later visions regarding me as erotic homosexual phantasies can hardly be doubted.

The subjective aspect of the patient's mental condition is admirably related in a further statement: "My brain feels at times like a rubber balloon which has been filled with air. It feels as though I don't want to know anything and don't want any one to tell me anything. And when I think of sticking any one with a knife, the expression seems to come from the top of my head and passes down over my forehead with a quick heavy dull feeling, causing the feeling of self-blame, stupidity, distress, and hate for every earthly thing, and often ends with a feeling of wanting to live continually in a wretched state of anguish. As I look on these thoughts the feeling reminds me of a spring attached to a screen door which is constantly pulling on the door. These thoughts in my brain seem like undigested food in one's stomach. The brain does not seem able to digest them, they keep coming in automatically and have no pleasant meaning to them."

The dreams of the patient were of the same painful and distressing nature as his symptoms. Upon his first visit the first dream he related was typical and indicative of the central nucleus of his neurosis. Not until two weeks later

did I learn that it was a nightmare experienced at the age of six years and instinctively given the importance it deserved by being first related. He related dreaming of his mother seated outdoors in her nightgown with shoulders bare. His maternal uncle was carving flesh from her shoulder and face with a butcher knife. He noticed in particular the stiff, ankylosed forefinger of the uncle extending along the knife. The father was standing near by apparently unmoved, and the mother also seemed to take the proceedings as a matter of course. The patient stated that he experienced great horror at the sight and woke up terrified. The dream was undoubtedly symbolic of the parental coitus. The uncle in the dream probably had a triple determination: first, through a decomposition of the father image as in myth production; second, the ankylosed finger (a phallic symbol), of which as a child he had a lively horror, together with a strong feeling of hate for the uncle; and thirdly, as a possible representation of the brother-sister complex as existent in his own relation with his sister. Another nightmare was one in which he was fighting a bull with a knife; as he fought he saw his mother in the distance and started toward her with knife in hand. Then he had a sickening feeling and awoke in distress. During the third month of his treatment there came to consciousness, childhood phantasies in which the male sexual organ was looked upon as a sharp instrument, such as a knife or spear, which could penetrate the body anywhere. The knife then seems here not only to denote feelings of violence and hate, but is also the medium of expression for childhood erotic phantasies directed toward the mother.

A third dream, occurring on the sixth day of the analysis, ran as follows: He was near his old farm home in the cattle country, he saw five wild, angry Texas steers running toward him. Greatly frightened, he ran to the house door for protection. His mother was there. As he reached the door he looked around and saw the steers passing by and his father driving them on horseback. Back of his father came five mild, peaceful sheep, which trailed quietly along and gave him a sense of safety.

The associations with the elements of the dream con-

tained memories of some of the most important events and impressions of his childhood. His father and mother were of different natures. His father was strong and choleric in temperament, his mother mild and easily moved to tears. His father had been a cavalryman in the Civil War, and the patient in his earliest recollections related the effect of the war stories upon his imagination, of his shrinking from having them told; not only because the stories of violence hurt him and made him afraid, but because he was forced to think of the narrow escapes his father had from being killed. The thought of what would have become of him had his father been killed troubled him greatly. Even then the fancies of his father's death and also of his own, together with questions of the origin of his life and of eternity, were often in his mind. The death of one or both of his parents was present in his phantasies early in life and recurred at intervals up to the time of his recent trouble. At the age of eight, one night when his mother spoke to him impatiently, he said to himself, "I wish she were dead," and at once felt great remorse and cried far into the night over his wickedness. At times he would have fancies of a man who killed people, and how if the person came to him and said he would have to kill one of his parents, what a trouble he, the patient, would have deciding which parent should die. Then would come fancies of a fool killer and a thought that he would get killed. The phantasies of the death of one or the other of his parents expressed conflicting feelings of love and hate which existed in our patient's psyche towards each of his parents.

In this patient there was depicted in a striking manner the projection of his dissociated bisexuality upon the persons of his parents in such a way that his mother personified his homosexual and masochistic proclivities; his father, his heterosexual and sadistic impulses. By this mechanism his behavior and feelings toward his parents expressed essentially his own attitude toward himself, toward the impulses arising respectively from the heterosexual and homosexual components of his libido. This determination of the child's attitude to his parents seems very common, and I have met it clearly expressed in several cases of pronounced psychoneuroses.

The Texas steers were very familiar to the patient as a child, and expressed the untamed and violent nature of his early sadistic fancies. He was fond of speaking of himself as a relic of the stone age wherein men fought for their wives and dragged them by the hair. The contrast between the steers and the sheep not only represented the contrast between his father and mother, but also between his own emotional attitude at the time of his attacks at the age of twenty-two and twelve respectively, wherein the sadistic impulse prevailed, and that of his habitual mild, reserved, and rather fearful temperament.

The numbers of the dream, two fives, brought the associations of his family numbering ten, and his two hands, with their five fingers, another determination of the dream as representing the two sides of his nature. The running to the house was later found to have relation to the common phantasy of intrauterine life, of return to the mother's womb, a phantasy which was recalled to consciousness. It is essentially this identification with the mother that is associated with the development of the homosexual component of the libido.

The associations with regard to the hands were very interesting and can be used as further confirmation of Dr. Pierce Clark's observations of the use among imbeciles of the hands and fingers as erogenous zones. The patient since childhood had had the habit of sucking all the fingers of his hands, and also of closing the tips of his fingers together so that the little finger stood out like a teat. While under treatment he had a dream of a gnomelike creature jumping out of the fire box of a traction engine, with its mouth and finger tips aflame. Fire in such dreams seems to be symbolic of erotic pleasure.

The patient was under my care for six months, and from the first showed slow but steady improvement in his emotional reaction. The visions did not entirely cease until well into the fifth month, though they steadily decreased in frequency. At the end of the sixth month he went home with an increase of twenty-five pounds in weight and with an active desire to get into work again. He had lost the sense of intense depression and only occasionally spoke of a slight

feeling of tightness in his head. He has been at home now fifteen months and reports at the present time he is feeling very well. It might not be wise to speak of complete recovery, as these cases without analysis are noted for their tendency to remission. Still his brothers state that he seems to be a different individual. He is more assertive and aggressive, and takes pleasure in social activities with the younger men in a way he had not done before. The writer is conscious of an incomplete analysis and expects to see the patient again this coming autumn for further study.

The main elements of the analysis that seem to stand out conspicuously can be shortly summarized as follows:

A precocious sexuality in a sensitive and imaginative child. Appearance of anxiety or fear states at the early age of five. This precocious sexuality and the early appearance of fear states seem to go hand in hand with the development of what the writer describes as positive and negative sexual phantasies and impulses, the one corresponding to the expression and the other to the repression of the childhood erotic impulse.

Among some of the data out of sexual anamnesis the following can be cited: Before the age of five he had been told by his mother that God had sent him down from heaven. He cherished this idea, and was very angry at his mother and shocked when his brothers laughingly told him when he was five years old that he was made by his father and mother in the same way the animals were. He was much troubled by erections at the age of five, and thought they were wrong. At age of six used frequently to play at coitus with a boy cousin. At that time thought of coitus as a posteriori. From six or seven was addicted to various masturbatory practices. At seven played coitus with a large doll which he wrapped in his mother's skirt. Recollections of dreams at that age of his mother having coitus with neighbors on the same bed on which he imitated coitus with the doll.

At ten years of age he had hermaphroditic fancies of a double set of sexual organs which would furnish him added pleasure. Slept with his sister at age of eight and then refused to sleep with her because his boy friends accused him of coitus with her. Various other incidents and phantasies

relating to this sister showed marked sexual coloring. At seven and eight years used to dress as a girl and used to be jealous of his sister when boys would come about. Masturbation began at fourteen and practically ceased at seventeen. During these times he would have spontaneous erections and emissions. Engaged to a girl at the age of fourteen. It was a passionate but idealistic love affair.

The negative aspect of his sexuality showed itself in the following reactions, which, in the main, were still present at the beginning of the analysis and which disappeared during its progress.

The horror of his uncle's stiff finger has already been mentioned. The same horror was felt for the mucous membrane of the empty eye socket of an old lady neighbor. At age of six and up, nausea and disgust at the sight of the breeding of animals, at the sight of the birth of a calf, and the mother licking the calf and eating the placental membranes. Vomiting at the sight of the birth of pigs covered with membrane. Could not eat pigs' feet, oysters, soft-boiled eggs, or drink milk that had a skim on top as when heated. From seven on, very clean about his face and clothes and personal habits. At from twelve to sixteen thought coitus so bad that he wished to die. At this time he had fancies of self-castration, fancies which were clearly represented in visions and impulses of his later neurosis. At sixteen he ate some dirt and following the act had a fear that he had eaten excrement. The origin of a number of these symptoms in autoerotic, coprophilic wishes is further substantiated by visions that he had of himself during his illness of being in the manhole of a sewer and eating sewage.

These sexual repressions were aided and complicated by a narrow religious teaching that served only to intensify his fears and self-accusations. This teaching and the idea of God that it gave him were brought by the child into association with the surrounding hard conditions of poverty and isolation under which the family lived. His early years were times of drought and tornadoes wherein nature rarely seemed to be in a kindly mood. He remembered praying for rain at the age of four, and saying there was no God because no rain came and the crops failed. The reading

of elements of hostility into these surroundings naturally followed and feelings of rebellion and hate in answer to this hostility accentuated his conflicts. This environment by reason of its isolation, poverty, religious narrowness, and intolerance undoubtedly tended to inhibit the development of the patient's individuality and predisposed to a life of phantasy.

Incestuous phantasies regarding his mother and sister were found. Knives, hatchets, and gun were used as phallic symbols. In the analysis he recovered phantasies of childhood in which the male sexual organ was represented as a sharp instrument which could enter the body anywhere. The devil with his spear-shaped tail was an object of fear early in life, and he used to think the devil carried off his victims by spearing them through the navel.

It is important to note that the outbreak of symptoms followed the engagement of his sister. The withdrawal of a real object of love is one of the prerequisites for the mechanism of regression to unconscious and infantile phantasies of love. He endeavored to compensate for the loss of his sister by becoming engaged to a girl he had not met for three years, but here I believe the unconscious fixation of his love on his mother interfered and prevented a normal breaking away from his family.

Strong homosexual phantasies existed, having his father primarily as the object, but which, secondarily, were based upon homosexual experiences with his boyhood friends. At the time of the attack, at the age of twelve, he had definite love fancies with regard to boys, and considered the feminine sex as superfluous. He was jealous of his sister when boys came around. Possibly we have here another determination of the fancies of violence toward his mother and sister. The fancies of assault may then be looked upon not only as disguised heterosexual and sadistic impulses toward his mother, but also as symptoms of a hate which had its deepest source in the homosexual trends of the patient.

Fancies of hate since childhood towards his mother as an obstacle to his pleasure which are epitomized in the sentence, "If my mother were dead I could get married." In early life his brothers had teased him by saying that by

being the youngest he would have to stay at home and look after his mother while the rest of the family could get married and go away. This thought used to make him furiously resentful.

The writer is deeply conscious of the deficiencies of a short report such as this which leaves out so much of the important material of the analysis that brings to the mind of the physician, as well as the patient, a conviction of the mechanisms and forces at work in the production of symptoms such as were experienced by this patient. The fault is not his, but is inherent in the time conditions of this meeting and in the volume of material involved.

ABSTRACTS

REMARKS UPON PSYCHOGENETIC CONVULSIONS AND GENUINE EPILEPSY.[1] *L. Pierce Clark, M.D.*, New York.

The author pointed out that although epilepsy was an organic disease with either macroscopic or microscopic changes in the cortical elements, the clinical expression of the disorder was still frequently confounded with convulsion episodes of purely psychogenic origin. Frequently the two disorders exist in the same case; the two disorders were not mutually exclusive. He urged a fuller detailed analysis of all the fit types and not to be satisfied with the crude designations of grand mal, petit mal, and psychic seizures of so-called genuine epilepsy. He believed that almost all the so-called psychic epilepsies were psychogenic in character and capable of being controlled or removed by Freudian analysis. Post-epileptic automatism and the manic periods were to be better explained on a basis of a dream state in which a wish fulfillment was the motive or ruling idea. The fact was illustrated by citation of cases. Psychoneurotic individuals may not only have aura in their psychic episodes like genuine epilepsy, but they may fall and injure themsleves and in exceptional instances even pass urine, bite the tongue and lips, and lose consciousness. Psychoneurotic epilepsies are differentiated from the truly epileptic in character, in that the former are disorders of association of ideas, have great constancy, often prevented by hypnosis and often displaced or prevented by purely psychic treatment, and in the majority of instances uninfluenced by sedatives. Amnesic periods are purely functional in character and intelligence tests reveal no real mental impairment as in that of the genuine disease. In his experience in the association state, epilepsy and psychogenic episodes, the latter are not so permanently or completely removed as in the uncomplicated psychoneuroses. The sexual element is not so dominant or marked. For two years he has submitted all his epileptics to psychoanalysis with considerable success, especially affording satisfactory results as an accessory to the so-called hygienic treatment of epilepsy. Again, too, the cured or arrested cases are aided in conserving their energies and given a better outlook on life. The author believes that the epileptic has a characteristic constitutional make-up which is independent of the

[1] Read before the American Psychopathological Association, Boston, May 29, 1912.

deterioration characteristics of the established disease, and would particularly ask clinicians to make their diagnosis and prognosis on the intensity of this state rather than upon any peculiarity of the convulsive phenomena themselves. He entered a special plea for the broadest biologic conception of the epilepsies as well as the psychoneuroses resembling the former.

AUTHOR'S ABSTRACT.

INVESTIGATIONS OF A THOUGHT-READER. (*Untersuchungen eines Gedankenlesers.*) *R. Sommer. Klinik f. psychische u. nervöse Krankheiten.* 1911. Band VI. Heft 4. S. 339.

Sommer urges that the only means of diminishing the present popular belief in the mystical, superstitious, and supernatural aspects of certain occurrences is properly to investigate them by psychological methods instead of ignoring them as is so commonly done in the scientific world. He here describes a series of experiments carried out with a well-known public thought-reader, who advertised himself as "a telepathic phenomenon" and "the unsolved riddle of all physicians and psychologists." The experiments are related in full detail, with also an account of the exact conditions under which they took place. The limitations imposed by the man himself were that the person whose thoughts had to be read should be in the actual room, that these should consist of energetic commands, and that a third person who was to be aware of them should be in *contact* with him. Six tasks were set, all of which were correctly performed. Before carrying them out, however, a number of curious mistakes were made, in the manner of tentative attempts. It was clear that the "thought-reader" had no idea at the outset as to what he had to do, or when he had finished his task. It was shown that he proceeded tentatively, from one step to the immediate next one, as is always the case in "muscle-reading," and that there was no question of reading what was in the mind of the man leading him. His mental state was one of unusually intense concentration, but of full consciousness. Not the slightest evidence of any telepathic capacity was to be found, and the only difference between the "thought-reader" and the normal average person was an extraordinarily developed sensitiveness for the perception of fine involuntary movements (on the part of the person guiding him, who had to think hard about the task to be performed). In other words, the phenomena were those of the well-known muscle-reading (or pulse-reading), which have been often exploited before the public by numerous

professionals like Bishop and Cumberland and in the production of which skill is easily acquired even by amateurs.

ERNEST JONES.

STUDIES OF THE GENESIS OF THE CRAMP OF WRITERS AND TELEGRAPHERS. THE RELATION OF THE DISORDER TO OTHER NEUROSES: THEIR PATHOGENESIS COMPARED WITH THAT OF TICS AND HABIT SPASMS: DESCRIPTION OF THE TREATMENT MADE POSSIBLE BY THIS RESEARCH: CASES. *Tom A. Williams, M.B.C.M. Jour. f. Psychol. u. Neurol.* (Leipzig.) 1912.

It is not surprising that writers' cramp, as it is called, is the commonest occupation neurosis because writing is the most widespread manual art which exacts the frequent repetition of the same movements. Thus, of the five cases, four are writers.

But the differences of pathogenesis cannot be expressed in terms of the kind of handicraft affected. To express them in terms of muscle function or topography is also misleading as the analyses of the cases clearly show; nor is cerebral locality, nor even perhaps functional "center," a fruitful explanation.

The mechanism of professional cramp is always psychological. Accordingly the treatment must address itself to the psyche. It must be clearly understood that the disorder of the apparatus is not structural but regulative. It is not an incapacity of muscle and nerves to perform their function; for this is intact except for performing the particular professional acts which fail. A want of harmony in the controlling of the mechanism is the fault. We have not even to deal with the kind of want of harmony which occurs upon the destruction or toxic inhibition of the cortical center such as happens in aphasia. Professional cramp is a strictly psychodynamic inhibition or disorder in the habitual series of co-ordinated associations gained by education in some art.

The paper consists of an analysis and account of the treatment of four cases, and a discussion of the principles accruing from the research.

AUTHOR'S ABSTRACT.

REVIEWS

THE EVOLUTION OF MIND. *Joseph McCabe.* London. Adam & Charles Black. 1910. Pp. xvii, 287.

THE MIND OF PRIMITIVE MAN. *Franz Boas.* New York. The Macmillan Company. 1911. Pp. xi, 294.

These two recent books, not less interesting than important to every student of mental process, logically form a continuum, the latter taking up the mental evolution about where the former leaves it. Both are composed in the broad and far-seeing spirit of the truly understanding mind, but while Fr. McCabe shapes his whole book's argument to convince one of the continuity and essential likeness of mentation from alga to man, Professor Boas of Columbia emphasizes the same thing in the species of *Homo*, but recognizes the inherent hiatus in kind between the human and the brute, the gap that implies without explaining organized articulate language and "the use of utensils of varied application." "It is the very characteristic of modern research to discover hidden connections between the most divergent realities. It is the supreme ideal of science to unify," says McCabe, and his essay is therefore essentially one more elucidation of the narrower monism. "The Mind of Primitive Man," on the other hand, shows little such tendency either way.

"*The Evolution of Mind*" is a storehouse of interesting data and considerations garnered in part from literature ranging far afield in cosmology, terrestrial and celestial, chiefly (the author says) from "physics, organic chemistry, geology, paleontology, zoölogy, physiology, psychology, and anthropology. In particular I wholly disclaim the ambition to put mechanical interpretations on the various phases of mental evolution." None the less, this would certainly be its influence on the mind of the average reader.

We could indicate the material of the book perhaps in no better way than by quotation of the chapter-titles: "The two evolutionary series, The lowest forms of mind, The earliest forms of life, The appearance of brain, The development of the fish, The invasion of the land, Instinct and intelligence in the insect, Mind in the bird, The growth of the mammal brain, The dawn of humanity, and The advance of mind in civilization." An excellently fair sample of the material of these eleven chapters may be taken from that on Mind in the bird, p. 193: "Presentation, emotion, volition, and memory are at some point in the story of evolution

irradiated by consciousness. . . . As this cortex is proportionately developed in the higher birds and mammals, we may legitimately argue from analogy that they have a measure of consciousness. . . . All we know is that particular regions of the cortex are concerned in particular conscious functions;" p. 195: "We cannot say whether the analogy between the brain of the fish or the ant and the human brain is close enough to justify an inference." Here, then, we have a consciousness-criterion from analogy strictly à la McCabe, plus an outwearing localization of cerebral functions à la Ferrier and Flechsig. We have the same analogy affirmative in the birds, but wholly negative for the poor wise ant and the poorer fish! We confess we have no patience with this eclectic sort of argumentation, especially when based on our utter ultimate ignorance of the mode of working of the brain — "at present . . . a dark cavern in which the lamps of the anatomist and physiologist do little more than increase our sense of mystery," as McCabe himself says (p. 16). How this dark cavern gets the light that shows Professor McCabe the consciousness in the bird, but that the ant and fish have none of it, we confess ourselves unable to observe. Perhaps certain "cortical regions" have not yet evolved, on this side of the Atlantic, to perceive these antiquated ultra-violet rays.

And the author's look ahead is as depressing as his survey behind: "We do not see the future evolution of mind even darkly, as in a glass. But we do foresee its ultimate fate. The time will come when humanity — a race of geniuses, judged by our modern standard — will wage the most titanic struggle that will ever be recorded in its calendar. Our sun must die as other suns have done and are doing; and no human art can create a substitute for its streams of energy. Slowly the red rays will grow feebler, and the arctic temperature creep toward the equator. All the magical engineering of that future race will be applied to prolonging the last hour of humanity's life. At last the central belt of the earth will sink to the cold of space, and the marvelous structure of brain will succumb to the natural forces which engendered it, and sink back into the elements from which it so slowly and so subtly compacted" (p. 281). This certainly is eloquent poetry well worthy the learned ecclesiastic who wrote it, but as philosophy it does not convince, for it utterly begs the question, the essential question of all questions mundane, as to the *meaning* of this phantasmagoria, whose quintessence is Individual Purposes. James's "Is Life Worth Living?" and "The Will to Believe" answer it better.

Professor Boas's book, "*The Mind of Primitive Man*," is less full of romantic fact, and to a physiologist less interesting, but its logic is sounder, less partial, and more conclusive, and no book before it has done so ably what it has done. The abolition of racial prejudice seems to be one of the great ultimate aims of the writer's life work — witness his recent essay, "An Anthropologist's View of War." Behind and supporting this high intention of the man is the unsurpassed learning and insight of the scientist, as this volume of co-ordinated Lowell Institute lectures plainly enough shows.

The chapter-headings are as follows: "Racial prejudices, Influence of environment upon human types, Influence of heredity upon human types, The mental traits of primitive man and of civilized man, Race and language, The universality of cultural traits, The evolutionary viewpoint, Some traits of primitive culture, Summary, and Race problems in the United States." The chapter on the mental traits of primitive man would probably most interest the readers of the JOURNAL. Boas follows the orthodox psychology in drawing sharp demarcation between brute and man in that no specimen of the former has the "abstract concepts accompanying action," while every human group, however primitive, possesses this faculty. He points out also that personal freedom in the use of utensils, etc., may be used as a criterion of humanity, despite the remaining mystery of the instincts by which animal masses perform very efficiently complex constructive and useful actions. Comparing, on the other hand, the races of men, he finds far more unity and similarity than we are in the habit of presuming. The gist of this chapter should be expressed in his own summary of it: "Our brief consideration of some of the mental activities of man in civilized and in primitive society has led us to the conclusion that these functions of the human mind are common to the whole humanity. It may be well to state here, that, according to our present method of considering biological and psychological phenomena, we must assume that these have developed from lower conditions existing at a previous time, and that at one time there certainly must have been races and tribes in which the properties here described were not at all, or only slightly, developed; but it is also true that among the present races of man, no matter how primitive they may be in comparison with ourselves, these faculties are highly developed [namely, the power to inhibit impulses, power of attention, originality of thought, and power of clear reasoning]. It is not impossible that the degree of development of these functions may differ somewhat among different types of men, but I do not believe that we are able at the

present time to form a just valuation of the hereditary mental powers of the different races. A comparison of their languages, customs, and activities suggests that their faculties may be unequally developed; but the differences are not sufficient to justify us to ascribe materially lower stages to some peoples, and higher stages to others. The conclusions reached from these considerations are therefore, on the whole, negative. We are not inclined to consider the mental organization of different races of man as differing in fundamental points. Although, therefore, the distribution of faculty among the races of man is far from being known, we can say this much: the average faculty of the white race is found to the same degree in a large proportion of individuals of all other races, and, although it is probable that some of these races may not produce as large a proportion of great men as our own race, there is no reason to suppose that they are unable to reach the level of civilization represented by the bulk of our own people."

He points out in an interesting way how the *social* associations of sense inpressions and of activities are gradually replaced in the civilization process by intellectual associations, accompanied by a loss of conservatism in certain directions. "The change from primitive to civilized society includes a lessening of the number of the emotional associations, and an improvement of the traditional material that enters into our habitual mental operations,"— tendencies that one sees in the autogenetic evolution also, but which are not possible in mental defections owing to organic deficiencies in the brain.

The last chapter of Professor Boas's book is a far-reaching discussion of the Negro race-problem in the United States; in his opinion the melanochroic racial characteristics will gradually be eliminated by absorption into the xanthochroic majority,— centuries hence.

Fifteen pages of bibliographic notes end the volume,— a book that can hardly fail to interest very many people who seek a broad outlook into the early stages of human mind. The absence of an index is by no means wholly compensated by the analytic table of contents,— an omission for which there seems never any excuse in any scientific work.

Tufts Medical School GEORGE V. N. DEARBORN.

L'ÉTUDE EXPÉRIMENTALE DE L'ASSOCIATION DES IDÉES DANS LES MALADIES MENTALES. *Aug. Ley et Paul Menzerath.*

Rapport de Psychologie, vi[e] Congrès Belge de Neurologie et de Psychiatrie.

Gand. 1911. Imprimerie A. Vander Haeghem. Pp. 199.

This report to the sixth Belgian Congress of Neurology and Psychiatry is based on an experimental study of association of ideas by means of the usual word tests. While a larger number of cases were examined the report is based on thirty-five cases, as follows: eleven of dementia præcox; six of maniac depressive insanity; six of toxicomania (morphinism, alcoholism); two of neurasthenia and psychasthenia; three of hysteria; two of traumatic neurosis; two of paranoia; two of general paralysis, and one case of tripanosomiasis.

These patients were given a selected list of test words, one at a time, by means of Roemer's instrument (Schalltrichter). For the measurement of the reaction time Hipp's chronoscope was used. Each patient was instructed to answer quickly without reflection and to give the first word that comes to his mind. By way of familiarizing him with the scope and method of analysis each patient was given a few test words and instructed in the manner of reacting properly before the regular test series were tried.

The general conclusions which the authors draw are not as relevant as the particular findings in each case. We therefore give the latter in brief.

I. DEMENTIA PRÆCOX. Case 1. Adapts himself readily to the requirements of the experiment. The reactions are very superficial. The associations are almost always external; there is a predominance of mere asonance; despite the superficiality of the reactions, their time is prolonged over the normal.

Stereotypy and perseveration are very marked throughout the series; this, of course, is pathognomic of the condition. It is noteworthy, too, that on account of the subject's apathy and indifference these characteristic features of dementia præcox were not revealed in the ordinary course of clinical examination and came to surface only at the time of these tests.

The tendency to the formation of neologisms is also very marked. These are based generally on auditory analogies, such as cousin-cousine, rouge-rougine, chagrin-chagrine, cerveau-cerve (analogy with serve, explained by the subject to mean the female of cerf), aigle-aiglette. Here the patient revealed spontaneously the mechanism of these neologisms by declaring: "*J'ai pensé a règle et réglette.*"

There is no personal reaction to any of the test words. Affectivity is reduced to a minimum. The reaction words hardly deserve to be called associations, except in the very widest sense. They represent rather a sort of negativism; a defense on the patient's part against the exploration of his mental sphere.

Case 2. Here too the patient adapts himself readily to the experiment. The reactions are characterized by: a tendency to pure asonance, to perseveration, and to the formation of neologisms. The latter sometimes surprise the patient himself who occasionally inquires, "What does this word mean?" At other times the subject proceeds to explain the new word in his own fashion. There is absence of emotivity except when the emotive complex pertaining to the subject's own delirious notions of jealousy is touched.

The reaction features of this case correspond in all essentials to the first, except that the time is not prolonged, like in the latter. On the other hand there are present in this case a number of reactions showing incoherence.

Case 3. The reactions in this case may be summarized as follows: Considerable lengthening of the reaction time; tendency to define the test word in the reaction and to antonyms (negativism of Bleuler); perseveration in the type of reaction and marked absence of affectivity. Moreover patient himself is aware of the latter characteristic.

Case 4. Presents the following essential features: Frequent repetition of the test word; tendency to antonyms and to stereotypies, especially the doubling of numbers; perseveration in the reaction type; absence of emotivity; some incoherent reactions. The reaction time, while prolonged, became briefer as the experiment proceeded, probably as the effect of habituation.

Case 5. This case was marked by prolonged and very irregular reaction periods and also by the following characteristics: Numerous neologisms; tendency to asonance; tendency to translate the test word (Flemish-French) or to repeat the test word in the original. The subject also manifested an erotic symbolism. Some answers he prepared beforehand. There was, at times, complete incoherence and absence of affectivity throughout, even in those instances in which the test words manifestly touched some affective complex.

Case 6. Again we find superficial reactions consisting for the most part of attempts to supplement the meaning of the test word and complete absence of affectivity. The reaction time is very prolonged and very irregular.

It is noteworthy that clinically this case resembled a mixed

state of maniac depressive insanity more closely than any other condition (Kraepelin's Mischzustand). She presented, in fact, alternate periods of depression and of excitation and melancholiac delirium followed by affective manifestations towards her husband. The typical features of dementia præcox, including absence of affectivity, became evident only upon the application of these association tests. These characteristics were strong enough to leave no doubt concerning the correct diagnosis. It would thus seem that this method may prove particularly valuable in the differential diagnosis between initial dementia præcox and certain forms of maniac depressive insanity with which the former bears too close a clinical resemblance.

Case 7. This case shows tendency to perseveration and translation of the test words, play of words and neologisms. There is complete absence of emotivity. The reaction time was not registered properly by the chronoscope. Where present the record showed marked prolongation.

Case 8. Reactions for the most part superficial; their time very prolonged, in a few instances, over minutes. Exterior signs betray the preservation of some affectivity. There is even reddening of the face upon the appearance of a test word touching upon the patient's complex,— a most unusual manifestation in dementia præcox.

The other three cases contribute only some notes. The patients' attitude, particularly their mannerisms and their extreme negativism, more than the extent of the dementia, precluded a thorough analysis in these cases.

II. Maniac Depressive Insanity. Case 1. This subject's reactions are for the most part superficial. The reaction time is very irregular, short and long intervals alternating. There is motor superexcitability and greatly decreased voluntary inhibition; labile emotivity and numerous egocentric reactions.

Case 2. Here the reactions present nothing abnormal qualitatively. Time of reaction is often very prolonged. Logorrhea and partial loss of voluntary inhibition are also present. The influence of the morbid complexes ("crime" and "unhappy conjugal life") are very easily discerned. In this case it was observed in connection with the reproduction of the test words (Jung's method) that the words touching upon the patient's complex were sometimes immediately forgotten.

Case 3. Practically the same psychic traits as the former two: very superficial and prolonged associations, motor-verbal excitation ("Rededrang"); very great emotivity and pronounced egocentricity. The complexes, clearly discernible, are "sex" and "disease."

Case 4. Superficial associations: motor superexcitation as manifested in tendency to react with phrases and in series; great emotivity as well as egocentricity; erotolalia and erotic complex; original definitions.

Case 5. Like the above; reaction in phrases, by definition and in series. Very labile and superficial emotivity, the patient passing readily from tears to laughter.

The above cases were examined during the maniacal stage; the following two, during the period of depression.

Case 6. Nothing qualitatively abnormal in the reactions; they show, however, the characteristic irregularity in time, egocentricity, and pronounced emotivity. Here, too, the complexes manifested are "sex" and "disease."

Case 7. Prolonged reactions occurring frequently in phrases instead of single words. In addition to the usual egocentricity and emotivity, which are very marked, subject denotes inhibition whenever she cannot react to the test word with some reference to her complexes which are "disease" and "remorse" (suicidal attempt).

III. Toxicomania. Case 1. Chronic alcoholic intoxication. Shows: reduced emotivity, even during inhibition towards complex; coprolalia; psychomotor excitability; frequent errors of apperception.

Case 2. Polytoximania (alcohol, opium, also veronal, trional, pyramidon, antipyrin, etc.). Tests taken during convalescence. Qualitatively reactions are normal, although below the subject's level of culture. Their time is very irregular. Egocentricity and complex constellation as follows: family, disease, remorse, and self-accusation. Easily awakened but very labile emotivity.

Case 3. Chronic alcoholism. Prolonged reaction time. Emotivity and motor inhibition decreased. Numerous complexes (disease, sex, sterility), aboulia, but no lasting emotivity.

Case 4. Alcoholism of several years' duration. Findings resemble those in case 3 very closely.

Case 5. Chronic alcoholism. Reaction time very brief, at times more so than in the normal. Psychomotor excitation, but only slight emotivity; also some errors of apperception. Complexes: disease, remorse over the past, and self-accusation.

Case 6. Chronic alcoholism. In this case affectivity is marked, and nearly all reactions refer to some complex (Jung's Complexkonstellation).

IV. Neurasthenia and Psychasthenia. Case 1. Subject seems too preoccupied to give satisfactory reactions, and is seldom satisfied with his replies; feels that he could have made a better

record. The very irregular reaction times and frequent inhibitions are probably brought about by this state of the patient's mind more than by the affective quality of the test words.

Case 2. Here, too, we find exaggerated attention, anxiety to do well, and dissatisfaction, resulting in prolonged reactions and frequent inhibitions.

V. Hysteria. Case 1. With few exceptions, all test words are related to a sex complex. The patient herself recognizes this even before the intense inhibition provoked by certain words is manifest.

Cases 2 and 3. Qualitatively most reactions appear normal. Affective reactions are very marked. There are also present defense reactions, sometimes unconscious, against the exploration of the complexes.

VI. Traumatic Neurosis. Two cases of this disorder were examined. The findings resembled those reported by Pototzky,[1] who has also used this method in the investigation of the affective complexes in traumatic neurosis. As in Pototzky's two cases, one patient manifested intense emotivity in connection with everything that concerned the accident formally responsible for the trouble, while the other was indifferent.

VII. Paranoia. Case 1. Reactions qualitatively normal; emotional inhibition for the test words pertaining to the complex. In fact it was difficult to turn introspection into channels which would throw any light upon the subject's delirious thoughts.

Case 2. Was even more difficult to approach.

VIII. General Paralysis. Two cases showing alike: tendency to react in phrases; marked egocentricity without emotive inhibition; euphoric satisfaction and eroticism; some stereotypies. The time of reaction somewhat prolonged.

In other cases of general paralysis it was found that during the premonition period the associations are frequently normal; they also become thus in more advanced cases during the period of remission, so that this method of analysis may prove a valuable test for the subject's condition at a particular time.

IX. Tripanomosiasis. The case of sleeping sickness, a report of which was published in the *Annales de la Société de Neurologie* (1911), presents nothing unusual under this test except a very persistent lengthening of the reaction time.

J. S. Van Teslaar.

[1] Die Verwertbarkeit des Assoziationsversuches fur die Beurtheilung der traumatischen Neurosen. Monatschr. f. Psych. u. Neurol., 1909, No. 6.

ÜBER EXPERIMENTELLE BEINFLUSSUNG DES VORSTELLUNGSVERLAUFS BEI GEISTESKRANKEN, *nebst einer Kritik der Assoziationsexperimente an Geistesgesunden, von Dr. Max Levy-Suhl.* Leipzig, Verlag v. Johann Ambrosius Barth, 1911. Pp. vi, 142.

It is well known that in various mental diseases patients take up words they overhear and spontaneously associate them with various trains of thoughts in a manner foreign to normal life.

The present work is devoted to a systematic study of this well-known peculiarity, not only in manias, in connection with which it has been studied heretofore, but in other forms of insanity as well.

The problem which Dr. Levy-Suhl set for himself is as follows: How do patients of different clinical categories react towards certain definite words purposely thrown in their way (Ziehen's *Assoziative Reaction auf Zwischenruf)*? Furthermore, does the behavior and reaction of patients towards such verbal stimuli present any pathognomic features on the basis of which it might be possible to classify the cases into definite psychological groups? In other words, is a patient's reaction to this kind of stimulus in any way characteristic of his pathological state?

The investigations were undertaken in the patient's usual surroundings, without instruments or other distracting arrangements. For the purpose of the experiment the patient's mutterings were taken down stenographically, and in their midst the reaction word given in a clear tone without previous warning or instruction of any kind. The precaution was taken that there should be no similarity in sound or meaning between the patient's last words and the reaction stimulus. His behavior and the course of his incoherent speech immediately following were carefully noted in shorthand. In some cases it was necessary to start off the patient on the road of speaking to himself by engaging him in some conversation of an indifferent sort. Occasionally reaction words were called out within the hearing of patients not engaged in talking to themselves, and the results noted. Here, too, there was no preliminary understanding with the patient or preparation of any kind.

Forty different cases belonging to different clinical categories were thus experimented upon. Without regard to their psychiatric or clinical diagnostic position these cases were classified on the basis of their reaction to the experiments in question. It was found that the cases grouped themselves into four different classes presenting the following characteristic features respectively:

First Group. Comprising those whose reactive behavior approaches the normal.

Second Group. Cases characterized by indifferent hyperprosexia. This group comprises the cases whose behavior has necessitated the formulation of such terms in clinical psychiatry as ideational, maniacal, and primary flight of ideas. Levy-Suhl prefers Ziehen's term, hyperprosexia, because it is psychologically more clearly delineated, and also because this term is noncommittal with reference to the diagnostic import of the phenomenon to which it refers. In other words the term is purely descriptive and used as such. Under hyperprosexia Ziehen understands a psychopathic condition in which "hypervigility" is combined with "hypotenacity" of attention. As a result of this condition reaction words are promptly seized upon by the subject and the antecedent flow of ideas as quickly abandoned.

Characteristic features of this class of hyperprosexia are:

1. Complete indifference towards the act of interruption as shown by quick, superficial reactions. In other words the subject is ready to abandon his own thoughts and turns his attention promptly to any verbal stimulus, no matter what the new order of ideas may be. He may react associatively either to the tone or to the new images invoked. The reactions are superficial but prompt, and as a rule show no relation to the subject's former preoccupation.

2. In addition to the formal indifference there is a very marked neutrality towards the content. The associative relations between stimulus and reaction word follow a path unaffected by the feeling tone or the affective character of the former. Thus, even to a word like "seisachtheia," meaningless to the lay ear, the patient reacts the same as to "death" or "shame."

3. The associations proper show no deep relation and no elaboration; they are largely neutral, impersonal, hence verbal forms, plays on words, are predominant.

Third Group. *Selective hyperprosexia.* Here, in contrast to the second group, the hyperprosexia is selective and presents more or less the marks of an affective elaboration.

1. The heightened *ausprechbarkeit*, or readiness to react with a flow of words, is concerned with a definite pathological "Totalkonstellation," and the reactions belong to some special groups of images. Those test words which fail to touch in some way the peculiar groups of images to which alone the patient is sensitive at the time are resented as impertinent intrusions or remain entirely unnoticed by him.

2. It follows that, again in contrast with the second group, the meaning of the reaction word is of importance in the shaping of the reaction to which it gives rise.

3. Finally, the associations proper present a more critical and personal character. Their content may be the result of intimate elaboration and peculiarly personal. Superficial verbal associations occur rarely, if at all, while in the second group associations of this class are the rule.

Fourth Group. *Hypervigil reaction with contamination and dissociation.* Here the subject does not turn away from his flow of thoughts, but the test word or some term associatively awakened by it is taken up and uncritically incorporated in the verbal image series with which the subject happens to be concerned at the moment of the experiment, irrespective of the resulting nonsense. In other words, hypervigility of attention is still present, but no hypotenacity; consequently we deal no longer with hyperprosexia in the strict sense of the term. On the contrary, the condition which confronts us here may be described as a hypertenacity of attention (contaminating or nonsensical hypervigil reaction).

Furthermore, the notion of hyperprosexia is untenable in this group of reactions because the incoherence of the image series becomes so great that a principle or category of associative relations in the series of succeeding words is hardly to be recongized any longer; the associative bond from reaction word to the immediately succeeding flow of words is too faint to be recognized.

Associative elaboration, when present or at all discernible, is at any rate more meager than in second group. As in the latter group the associations proper have a superficial character for the most part, although occasionally reactions of individual order not unlike those typical of group three may be found here.

A comparison of the clinical and diagnostic features of the forty-four cases studied with the psychopathic characteristics of the four groups into which they have been arranged by means of this psychological test reveals the following facts:

In the first group, besides a case of exhaustion delirium with secondary hyperthymia, on the way to recovery, belong three cases of dementia paralytica.

In the second group eleven cases,— ten clinically correlated cases of mania, cyclothymia, periodic mania, and hypomania, and one "case of acute paranoia, passing into mania."

Closely related to this group (varying in certain psychological respects) stand three cases of hysterical psychosis, one case of post infectious exhaustion, and one case of acute hallucinatory paranoia with post operative delirium.

In the third group there are sixteen cases. These, with one exception, illustrate, clinically, various forms of paranoia. The exception is a case of maniacal exaltation which, strictly speaking,

belongs psychologically somewhere between the second and third group.

The fourth group comprises eight cases: four dementia præcox, three special forms of paranoia, and one dementia paralytica with ideational flights.

It will be thus seen that the psychological divisions correspond closely to certain clinical differentiations. This is undoubtedly the most important result of the present study.

It is not surprising, of course, to find that dementia paralytica does not fall into a single psychological category. In view of its manifold psychopathic clinical forms this would hardly be expected.

On the other hand it is noteworthy how clearly this psychological test differentiates the maniacal stage of paralysis from the mania of functional psychosis in spite of the formal similarity between the two. It appears that this psychological test, applied to all forms of autocheonous ideational flights, may help towards an early differential diagnosis. Further research upon this test should prove not only of scientific value but of great practical interest as well.

J. S. VAN TESLAAR.

BOOKS RECEIVED

THE OUTLINES OF EDUCATIONAL PSYCHOLOGY. *By William Henry Pyle, Ph.D.* (University of Missouri). Warwick & York, Inc., Baltimore. 1911. $1.25 net. Pp. x, 247.

THE SEXUAL LIFE OF THE CHILD. *By Dr. Albert Moll.* Translated from the German by Dr. Eden Paul, with an introduction by Edward L. Thorndike. The Macmillan Company, New York, 1912. $1.75. Pp. xii, 339.

233.

THE JOURNAL OF ABNORMAL PSYCHOLOGY

OCTOBER–NOVEMBER, 1912

THE MEANING OF IDEAS AS DETERMINED BY UNCONSCIOUS SETTINGS[1]

BY MORTON PRINCE, M.D.

I THINK the theory which I shall maintain in this paper will become clearer if, before taking up the main theme,— the unconscious settings of ideas, — I devote a few pages to a preliminary statement of the psychology of perception and "meaning."

A perception, or, what is in principle the same thing, an idea of an object, although apparently a simple thing, is really, as a rule, a complex affair. Without attempting to enter fully into the psychology of perception (and ideas), and, particularly into the conventional conception of perception as usually expounded in the text-books,— a conception which to my mind is inadequate and incomplete,[2]—it is sufficient for our immediate purposes to point out in a general rough way the following facts concerning perception.

Perception may be regarded both as a process and as a group of conscious elements, some of which are within the focus of attention or awareness, and some of which are outside this focus. As a process it undoubtedly may include much that is entirely unconscious and, therefore, without conscious equivalents, and much that appears in consciousness. As a group of conscious elements it is a fusion, amalgamation, or compounding of many elements.

[1] Read at the meeting of the American Psychopathological Association at Boston, May 29, 1912.

[2] In that it takes into account only a limited number of the data at our disposal and neglects methods of investigation which afford data essential for the understanding of this psychological process.

My perception of X, for example, whom I recognize as an acquaintance, is much more than a cluster of visual sensations,— I mean the sensations of color and form that come from my retina when I see him, and which combined are an image of his person. Besides the latter it includes a number of imaginal memory images, some of which are only in the fringe of consciousness, and can only be recognized by introspection, or under special conditions. These images may be (as they most often are) visual, orienting him in space and in past time, or in various associative relations, according to my previous experiences; they may be auditory — the imaginal sound of his voice, or verbal images of his name; or they may be the so-called kinesthetic images, etc., and all these images supplement the actual visual sensations of color and form I have mentioned. That such images take part in perception is, of course, well recognized in every text-book on psychology where they will be found described. It is easy to become aware of them under certain conditions. For instance, to take an auditory perception from everyday life, you are listening through the telephone and hear a strange voice speaking. Aside from the meaning of the words, you are conscious of little more than auditory sensations, although you do perceive them as those of a human voice and not of a phonograph. Then, of a sudden, you recognize the voice as that of an acquaintance. Instantly visual images of his face, and perhaps of the room in which he is speaking, and his situation therein, of the furnishings of the room, etc., become associated with the voice. Your perception of the voice now takes on a fuller meaning in accordance with these imaginal images. In such an experience, common probably to everybody, the secondary images which take part in perception are unusually clear and easily detected.

The incorporation of secondary images as elements essential for perception may be shown experimentally, as in the following observation which I believe to be unique. By way of explanation let me point out that if memory images are habitually synthesized with sensations to form a given perception, and if perception is a matter of synthesis, theoretically, it ought to be possible to dissociate these

images. Further, in that case, the perception as such ought to disappear. That this theoretical assumption correctly represents the facts I have been able to demonstrate by the following experiment which I have repeated many times. I should first explain that, as Janet was the first to demonstrate by certain technical procedures, some hysterics can be distracted in such a way that the experimenter's voice is not consciously heard by them, but is heard and understood subconsciously. The ordinary procedure is to whisper to the subject while his attention is focused on something else. The whisper undoubtedly acts as a suggestion that the subject will not consciously hear what is whispered. The whispered word-images are accordingly dissociated but are perceived coconsciously, and whatever coconsciousness exists can be in this way surreptitiously communicated with and responses obtained without the knowledge of the personal consciousness. In this way I have been able to make numerous observations showing the presence of dissociated coconscious complexes which otherwise would not have been suspected. Now, the experiment which I am about to cite was made for the purpose of determining whether certain experiences for which the subject had amnesia were coconsciously remembered, but the results obtained, beside giving affirmative evidence on this point, furnished certain instructive facts indicative of the dissociation of secondary images.

The subject, Miss B., was in the state known as B IV a, an hypnotic state, *her eyes closed.* While she was conversing with me on a subject which held her attention I whispered in her ear with the view of communicating with coconscious ideas as above explained. While I was whispering she remarked, "Where are you?" "Where have you gone?" and later asked why I went away and what I kept coming and going for.

On examination it then appeared that it seemed to her that during the moments when I whispered in her ear I had gone away. That is to say, she could no longer visualize my body, the secondary visual images being dissociated with my whispered words. At these times, however, she continued the conversation and was not at all in a dreamy state.

Testing her tactile sense it was found that there was no dissociation of this sense during these moments. She felt tactile impressions while she was not hearing my voice, but she explained afterwards (while whispering, of course, I could not ask aloud questions regarding sensations) that when I touched her and when she held my hand, palpating it in a curious way as if trying to make out what it was, she felt the tactile impressions, or tactile sensations, but not naturally. It appeared as the result of further observations that this feeling of unnaturalness and strangeness was due to a dissociation of the secondary visual images which normally occur with the tactile images. (She described the tactile impressions of my hand as similar to those she felt when she lifted her own hand when it had "gone to sleep." It felt dead and heavy as if it belonged to no one in particular. My hand felt as though it might be anybody's hand.)

Testing further it was found that when *before* abstraction she held my hand she could definitely visualize the hand, arm, and even face. While she was thus visualizing I again abstracted her auditory perceptions by the whispering process. At once the secondary visual images of my hand, etc., disappeared. As with the auditory perceptions she could not obtain these visual images, although a moment before she could visualize as far as the elbow.

Desiring now to learn whether these dissociated visual images were perceived coconsciously, I whispered, at the same time holding her hand, "Do you see my hand, arm, and face?" She nodded (automatically), "Yes." "Does *she* [meaning the personal consciousness] see them?" (Answer by nod), "No." (The personal consciousness (B IV a) was unaware of the questions and the nodding, the latter was performed subconsciously.)

This experiment was repeated several times. As often as she ceased to hear my voice she ceased to visualize my hand, though she could feel it without recognizing it. It follows therefore that the dissociation of the auditory perceptions having robbed the personal consciousness of all visual images of my body, the previous tactual perception of my hand lost thereby its visual images and ceased to be a perception.

We have seen that a tactual perception of the body includes imaginal visual and sensory images besides the tactile sensation. Now, of course, if sensation is so dissociated that one has complete anesthesia, no tactile sensation can be perceived. Under such conditions an anesthetic person theoretically would not be able to imagine the dissociated tactual sensations and the associated imaginal visual images included in tactile perception. Such a person would not be able to visualize his body. In other words, in accordance with the well-known principle that the dissociation of a specific memory robs the personal consciousness of other elements of experiences synthesized with the specific memory, the dissociation of the sensory images carries with it the visual images associated in perception. This theoretical proposition is confirmed by actual observation. Thus B. C. A. in one hypnotic state has general anesthesia so complete that she has no consciousness of her body whatsoever. She does not know whether she is standing or sitting, nor the attitude of her limbs, or her location in space; she is simply thought in space. Now it is found that she cannot visualize any part of her body. In contrast with this she can visualize the experimenter, the room, and the objects in the room, but not her body. The dissociation of the tactual field from consciousness is so complete that she cannot evoke imaginal tactual images of the body, and the dissociation of these images carries with it that of the imaginal visual images synthesized with them through experience. Visual images of the environment, however, not being synthesized with the tactual body-images can be still evoked.

So we see from observations based on introspection and experimentation that perception includes, besides primary simple sensations of an object, secondary imaginal images of various kinds and in various numbers.

The Psychological Settings and Meaning of Ideas.—What I have said thus far refers to the content of an idea or perception so far as it is a compound of images or perception proper. But this is not the whole of what is included in an idea. Ideas have "meaning" as well; so that we may de-

scribe the content of ideas as perception plus meaning.[1] Meaning is derived from and determined by past experiences. That is to say, ideas have associative relations to objects, thoughts, actions, conduct, stimuli, constellated ideas, etc., *i. e.*, past experiences represented by conserved complexes. As a result of such previous experiences various associations are built up and these complexes form the setting or context which gives ideas meaning. This setting also determines the attitude of mind, point of view, interest, etc. Just as the context in a printed sentence through the ideas contained therein determines the meaning of a given word, so in the process of all perceptions the associated ideas give meaning to the perception. Indeed it is probable that the context as a process determines what images shall become incorporated with sensations to form the nucleus of the perception. Perception or idea thus takes one meaning according as it is constellated with one complex, and another meaning according as it is constellated with another complex.

This may be illustrated by the following: We will suppose that three persons in imagination perceive a certain building used as a department store on a certain street I have in mind now, in a growing section of the city. One of these persons is an architect, another is an owner of property on this street, and the third is a woman who is in the habit of making purchases in the department store. When the architect thinks of the building he perceives it in his mind's eye in an architectural setting, that is, its architectural style, proportions, features, and relations. His perception includes a number of secondary images of the neighboring buildings, of their styles of architecture, and of their relations from an esthetic point of view. In the perception of the owner of property there are also a number of secondary images, but these are of the passing people and traffic, of neighboring buildings as shops and places of business. In the perception of the woman the secondary images are of the interior of the store, the articles for sale, clothes she would like to purchase, and possibly bargains dear to her heart.

[1]For an able discussion of ideas and meaning see R. F. A. Hoernlé, "Image, Idea, and Meaning"; Mind, N. S., No. 61, 1907.

Plainly each perceives the building from different points of view. Each might perceive the building from the same point of view, but the point of view differs because of differences in the past experiences of each.

In the case of the architect these experiences were those of previous observations on the architecture of the growing neighborhood. In the case of the property owner they were of thoughtful reflections on the future development of the neighboring property, on the industrial relations of the building to business, and on the speculative future value of the property. In the case of the woman they were of purchases she had made, of articles she had seen and desired, of scenes inside the shop, etc. Out of these experiences respectively a complex was built and conserved in the mind of each. The idea of the building is set in these respective experiences which, therefore, may be called its setting. The imaginal perception of the building obviously has a different meaning for each of our three observers, and it is plainly the setting which governs the meaning, *i. e.*, an architectural, industrial, or shopping meaning, as the case happens to be; and we may further say the setting determines the point of view or attitude of mind or interest. *Either the perception proper of the building or the meaning may be in the focus of attention, and the other then recedes into the background or the fringe of awareness.*

Further, different *affects* may enter into each setting and therefore into the perception. With the architectural perception there may be linked an esthetic joyful emotion; with the industrial perception a depressing emotion of anxiety; with the shopping perception perhaps one of anger. (This linking of an emotion of course has a great importance for psychopathic states.)

Settings may be partly Unconscious.— Now the thesis which I wish to present is one which is not so readily accepted by psychologists, namely, that the setting which determines the meaning of ideas may be present in the content of consciousness, or it may be and probably generally is, partly conscious and partly unconscious. That is to say, in the latter case the setting is a part of a complex mechanism of which certain elements may emerge into the focus of

awareness or into the fringe of consciousness to be the meaning, while the remaining elements remain submerged, so to speak, hidden beyond all conscious recognition. Thus, although in this case the meaning is conscious it is a part of a complex which is largely unconscious.

The data supporting this theory are numerous, although its actual demonstration is difficult. The theory would explain the behavior of ideas in obsessions, such as the phobias and even impulsions. The data are derived from the analysis of associative ideas, synthetic experiments, and pathological phenomena.

The theory makes use, of course, of the theory of unconscious processes just as a theory of gravitation or magnetism might make use of the theory of ether. It is beyond the scope of this paper to adduce the evidence for unconscious processes in general. I will merely say that this evidence is drawn from a large and varied number of normal, pathological and experimental phenomena.

It is obvious that all past experiences which originated the meaning to an idea cannot be in consciousness at a given moment. If I carefully introspect my imaginal perception or idea of an object, say of a politician, I do not find in my consciousness all the elements which have given me my viewpoint or attitude of mind towards him — the meaning of my idea of him as a great statesman or a demagogue, whichever it be — and yet it may not be difficult, by referring to my memory, to find the past experiences which have furnished the setting which gives this viewpoint. Very little of all these past experiences can be in the content of consciousness and much less in the focus of attention at any given moment, nevertheless I cannot doubt that these experiences really determine the meaning of my idea, for if challenged I proceed to recite this conserved knowledge; and so it is with every one who defends the validity of the meaning of his ideas.

The question at once comes to mind in the case of any given perception, how much of past experiences (associated ideas) is in consciousness as the setting which provides the meaning?

Although all past experiences which are responsible for

the meaning of any idea cannot be in the content of consciousness, yet the meaning must be in consciousness, else the term "meaning" would have no meaning — it would be sheer nonsense to talk of ideas having meaning. As I have said, the meaning may be in the focus of attention, or it may be in the fringe or background, according to the point of interest. If in the focus of attention, meaning plainly may include ideas of quite a large number of past experiences, but if in the background it is another matter. In either case it may be held, and probably in many instances quite rightly, that meaning is a short summary of past experiences, or summing-up in the form of a symbol, and that this summary or symbol is in the focus of attention or in the fringe of awareness, *i. e.*, is clearly or dimly conscious. Thus in one of the examples above given, the industrial meaning of the owner's idea of the building might be a short summing-up of his past cogitations on the business value of the property; in the case of my idea of the politician, the symbol statesman or demagogue, as the case might be, might be in consciousness and be the meaning. All the rest of the past associative experiences in either case would furnish the origin of the meaning and setting, but would not be the actual functioning meaning or setting itself.

When speaking colloquially of the content of consciousness, we have in mind those ideas or components of ideas — elements of thought — which are in the focus of attention, and therefore that of which we are more or less vividly aware. If you were asked to state what was in your mind at a given moment, it is the vivid elements, upon which your attention was focused, that you would describe. But, as every one knows, these do not constitute the whole field of consciousness at any given moment. Besides these there is outside the focus a conscious margin or fringe of varying extent (consisting of sensations, perceptions, and even thoughts) of which you are only dimly aware. It is a sort of twilight zone in which the contents are so slightly illuminated by awareness as to be scarcely recognizable. The contents of this zone are readily forgotten owing to their having been outside the focus of attention; but much can be recalled if an effort to do so (retrospection) is made immediately

after any given moment's experience. Much can only be recalled by the use of special technical methods of investigation. I believe that the more thoroughly this wonderful region is explored the richer it will be found to be in conscious elements.

It must not be thought that because we are only dimly aware of the contents of this twilight zone therefore the individual elements lack definiteness and positive reality. To do so is to confuse the awareness of something with that something itself. To so think would be like thinking because we do not distinctly recognize onjects in the darkness, that therefore they are but shadowy forms without substance. When in states of abstraction or hypnosis the ideas of this fringe of attention are recalled, as often is easily done, they are remembered as very definite, real, conscious elements, and the memory of them is as vivid as that of most thoughts. That these marginal ideas are not "vivid" at the time of their occurrence means simply that they are not in such dynamic relations with the whole content of consciousness as to be the focus of awareness or attention. What sort of relations are requisite for "awareness" is an unsolved problem. It seems to be a matter not only of synthesis but of dynamic intensity within the synthesis.

However that may be, outside that dynamic synthesis which we distinguish as the focus of attention we can at certain moments recognize or recall to memory (whether through technical devices or not) a number of different conscious states. These may be roughly classified as follows:

1. Visual, auditory, and other sensory impressions to which we are not giving attention (*e. g.*, the striking of a clock; the sound of horses passing in the street; voices from the next room; coenesthetic and other sensations of the body).

2. The secondary sensory images of which I spoke at the beginning of this paper as taking part in perception.

3. Associative memories and thoughts pertaining to the ideas in the focus of attention.

4. Secondary independent trains of thought not related to those in the focus of attention. (As when we are doing one thing or listening to conversation and thinking

of something else. Very likely, however, what appear to be secondary trains are often only alternating trains. I have, however, a considerable collection of data showing such concomitant secondary trains in certain subjects.) Such trains can be demonstrated as a precisely differentiated "stream" of consciousness in absent-minded conditions, where they may constitute a veritable doubling of consciousness.

Some of these marginal elements may be so distinctly within the field of awareness that we are conscious of them, but dimly so. Others, in particular cases at least, may be so far outside and hidden in the twilight obscurity that the subject is not even dimly aware of them. In more technical parlance we may say, they are so far dissociated that they belong to an ultra-marginal zone and are really subconscious. Evidence of their having been present can only be obtained through memories recovered in hypnosis, abstraction, and by other methods. These may be properly termed coconscious. Undoubtedly the degree of awareness for marginal elements, *i. e.*, the degree of dissociation between the elements of the content of consciousness, varies at different moments in the same individual according to the degree of concentration of attention and the character of the fixation, *e. g.*, whether upon the environment or upon inner thoughts. It also varies much in different individuals. Therefore some persons lend themselves as more favorable subjects for the detection of marginal and ultra-marginal states than others. Furthermore, according to certain evidence at hand, there is in some persons at least a constant shifting or interchange of elements going on between the field of attention, the marginal, and the ultra-marginal zone,— what is within the first at one moment is in the second, or is entirely subconscious the next, and *vice versa*.

Amnesia develops very rapidly for the contents of the twilight region as I have already stated, and this renders their recognition difficult.[1]

Let us now return from this general survey of the fringe

[1]The development of amnesia seems to be directly proportionate to the degree of awareness, provided there are no other dissociating factors such as an emotional complex.

of consciousness to our theme — the setting which gives meaning to ideas.

It is obvious that theoretically, when I attend to the perceptive images of an idea, the meaning of the idea not being in the focus of awareness, may be found amongst the conscious states that make up the fringe of the dynamic field. For instance, if my idea of a certain politician, my knowledge of whom, we will say, has been gained entirely from the newspapers, is that of a bad man, a "crook," this meaning or setting may be dimly in the fringe of my awareness. It may be, perhaps, only a summary of all the knowledge I have acquired regarding him. The *origin* of this meaning — a crook — I can easily find in my associative memories of what I have read. But there would seem to be no need for all these to persist as a functioning setting — a short summary in the form of an idea, secondary image, a word or symbol of a bad man may be sufficient. The same principle is applicable to a large number of the simple perceptions of objects in my environment — a book, an electric lamp, a horse, etc.

Passing over such normal ideas of everyday life as incidental to our main purpose, when we examine certain pathological ideas (phobias) we find that the principle of "fringe and meaning" is supported by the actual facts of technical observation. We find in the fringe of consciousness, judging from my own observations, conscious elements which in particular cases may even give a hitherto unsuspected meaning to the pathological idea. For this and other reasons I am in the habit when investigating a pathological case, like an obsession, of inquiring into the whole content of consciousness and particularly the fringe of attention, and reviving the ideas contained therein, particularly those for which there is amnesia. It must be borne in mind that a person may be only dimly aware or totally unaware of the thoughts, images, sensations, etc., which make up the fringe of consciousness at any given moment. Moreover amnesia for this fringe, even when there is more or less awareness for its contents, ensues very rapidly, and the memory of the same cannot be recovered by the ordinary methods of retrospection. And yet these thoughts, images, etc.,

contribute to the whole content of consciousness of the moment.

Let us take the case of a person who has a pathological fear and who, as we know is often the case, can give no explanation of his viewpoint. The fear may be of fainting or of thunder storms or of a particular disease, say cancer, or of so-called "unreality" attacks or what not. This so-called "fear" is, of course, a perception of self or other object linked with the strong emotion of fear. It recurs in attacks which are excited by stimuli, of one kind or another, that are associated with the perception. The patient can give no explanation of the meaning of this perception that renders intelligible his fear. There is nothing in his consciousness so far as he knows which gives a meaning to it and explains the fear.

Thus, for example, C. D. was the victim of attacks of fear; the attacks were so intense that at times she had been almost a prisoner in her house in dread of attacks when away from home. And yet she was unable, even after two prolonged searching examinations, to define the exact nature of the fear which was the salient feature of the attacks, or from her ordinary memories to give any explanation of its origin. She remembered many moments in the last twenty years when the fear had come upon her with great intensity, but she could not recall the date of its inception and, therefore, the conditions under which it originated; consequently nothing satisfactory could be elicited. She could consciously recall, however, that originally she had had attacks of indefinable fear of great intensity attached to no specific idea that she knew. These had occurred many years before being seen by me (in 1903), and therefore no examination into the content of consciousness at these moments had been made. During recent years, however, the fear, as she herself expressed it, had become particularized, but had varied at different times. At one time, as she thought, it was a fear of illness, then of losing consciousness (or fainting), then of her mind flying off into space, then of being alone. She was not clear as to the specific nature of her fear at the time when she came under observation, although it was somewhat vaguely of losing consciousness.

As a result of searching investigation by technical methods it was brought out that the specific object of the fear was *fainting*. When an attack developed, besides the usual physiological disturbances and confusion of thought, there was in the content of consciousness a feeling that her mind was flying off into space and a definite thought of losing consciousness or fainting, and that she was going to faint. There was amnesia for these thoughts following the attacks. She never had fainted in the attacks and, as it later transpired, had fainted only once in her life. Here then, in the content of consciousness, was the object of the fear in an attack. But the object was afterwards forgotten; hence she could not explain what she was afraid of. Why fainting should be such a terrible accident to be feared she also could not explain.

The question now was, what possible meaning could fainting have for her that she so feared it? This she did not know.

Now, on still further investigation, I found that there was always in the fringe of consciousness during an attack, and also during the anticipatory fear of an attack, *an idea and fear of death*. This, to use her expression, "was in the background of her mind": it referred to impending fainting. It appeared then that in the fringe or ultra-marginal zone was the idea of death as the meaning of fainting. Of this she was never aware. It was really subconscious. It was the meaning of her idea of herself fainting. In consequence of this meaning fainting was equivalent to her own death. She would not have been afraid of fainting if she had not believed, or could have been made to believe, that in her case it did not mean death. We might properly say that the real object of fear was death.

When this content of the fringe of attention was recovered, the patient voluntarily remarked that she had not been aware of the presence during the attacks of that idea, but now she realized it plainly, and also why she was afraid of fainting,— what she had not understood before. (It must be borne in mind that this meaning of fainting as a state equivalent to death did not pertain to fainting in general, but solely to herself. She knew perfectly well that fainting

in other people was not dangerous; it was only an unrecognized belief regarding a possible accident to herself.) Besides this content of the fringe of attention it was also easy to show that the fringe often included the thought (or idea) which had been the immediate excitant of each attack. Sometimes this stimulus-idea entered the focus of attention; sometimes it was only in the fringe. In either case there was apt to be amnesia for it, but it could always be recalled to memory in abstraction or hypnosis.

The content of consciousness taken as a whole, *i. e.*, to include both the focus and the fringe of attention, then would adequately determine the meaning of this subject's idea of fainting as applied to herself.

But why this meaning of fainting? It must have been derived from antecedent experiences. An idea can no more have a meaning without antecedent experiences with which it is or once was linked, than can the word "parallelopipedon" have a geometrical meaning without a previous geometrical experience, or "Timbuctoo" a personal meaning without being set in a personal experience whether of missionaries or hymn books.

I will not take the time to give the detailed results of the investigation by hypnotic procedures that followed. I will merely summarize by stating that the fear of death from fainting was a recurrent memory, or a reproduction of the content of consciousness of a moment during an incident that occurred more than twenty years before, when she was a young girl about eighteen years of age. At the time, as the result of a nervous shock, she had fainted, and just before losing consciousness she thought her symptoms meant death. Ever since she has been afraid of fainting.

But this again was not all. A searching investigation of the unconscious in deep hypnosis revealed the fact that death from fainting was constellated with still wider experiences involving a fear of death. At the moment of the nervous shock just before fainting (fancied as dying) she thought of her mother, who was dangerously ill in an adjoining room, and a great fear came over her at the thought of what might happen to her mother if she should hear of the cause of her nervous shock and of her (the patient's)

death. It further transpired that the idea of death and fear of it was set in a still larger series of experiences. It dated from a childhood experience when she was eight years of age. At that time she was frightened when a pet animal died, and a fear of death had been more or less continuously present in her mind ever since, but not always consciously so; meaning that it was sometimes in awareness and sometimes in the ultra-marginal zone of consciousness. She had been able to conceal the fear until the fainting episode occurred, and, as she in hypnosis asserted, the fear afterward had continued to be present more or less persistently, although she was not conscious of the fact when awake, and it had attached itself to various ideas. Until put into hypnosis she had no knowledge of all this.

The idea of death became constellated, too, in association with *cancer*, which, in consequence of certain incidents of her mother's illness and death, had been constantly in her mind, but never previously confessed, and had been the real meaning of her fear of illness; this last had been conspicuous and puzzling to her physicians.

Without pursuing further these and similar details, it must be evident that the meaning of fainting — death — is set in a large constellated group of experiences.

How are we to explain the persistence during more than twenty years of an unsophisticated fear of fainting, a reproduction (as memory) of the content of consciousness of a youthful episode? Or more specifically, the thrusting of the thought of death, as an element (meaning) in the fainting complex, into the content of consciousness, not to be sure within the focus of attention but still in the content even if so far outside the focus that there was no awareness of it? The theory of unconscious processes, established, as I think we are justified in saying, in the mechanism of numerous and varied psychological phenomena, offers an adequate explanation. As brought out in the associative memories in hypnosis, *the youthful episode, fainting, had become constellated with a larger complex in which death was the obtrusive element. This complex was conserved in the unconscious and, as the real setting, was an active functioning process.* It furnished the conscious "meaning" to fainting and

its affect fear. It was derived from antecedent experiences which were still very real to her and believed in. During the phobia attacks a portion of the complex — fainting, death, fear — emerged as conscious elements — a partial stereotyped memory. *The remainder persisted as an unconscious functioning process.* The content of consciousness, including therein the focus and marginal zones of awareness, would, according to the analogy of a clock, correspond to the chimes and hands, while the unconscious process would correspond to the concealed works.[1]

I forbear to cite the analysis of other cases which give the same results.

It must be borne in mind, however, that analysis, meaning thereby the determination of associated past experiences, cannot positively demonstrate the continuance of such an experience as the causal factor in a present process. It can demonstrate the sequence of events and, therefore, each successive link in a chain of evidence, as in a criminal trial, or it can demonstrate the material out of which we can select, with a greater or less degree of probability, the factor which in accordance with a theory — in this case that of unconscious processes — seems most likely to be the causal factor. Thus in the analysis of a bacterial culture we can select the one which seems on various considerations to be the most likely cause of an etiologically undetermined disease, but for actual demonstration we must employ synthetic methods, that is, actually reproduce the disease by inoculation with a bacterium. So with psychological processes synthetic methods are required for positive demonstration.

For synthetic proof hypnotic methods are available and give more positive results.

If a subject is hypnotized and in this state a complex is formed, it will be found that this complex, after the subject

[1] A certain school of psychologists I know will want to go one step further and postulate a repressed subconscious wish to which the fear complex is a reaction; but I see no justification for this. The biological instinct of fear has tremendous conative force, and any idea to which it is linked (as a sentiment) tends to express itself by this force, just as much so as a wish. Through the sophistication of the idea the sentiment becomes dissolved.

is awakened, will determine his point of view and meaning of the central idea when this comes into consciousness, and this though the subject has complete amnesia for the hypnotic experience. In this manner, if the idea is one which previously had a very definite and undesirable meaning which we wish to eradicate, we can build a complex which shall include that idea and yet give it a very different meaning, provided it is one which is acceptable to the subject.

To take simple examples, and to begin with a hypothetical case, but one which in practice I have frequently duplicated: I hypnotize a subject, and although, in fact, the day is a beautifully fair one, I point out that it is, on the contrary, disagreeable because the sunshine is glowing and hot; that such weather means dusty roads, drought, the drying up of the water supply, the withering of the foliage, etc., that the country needs rain, etc. I further assert that this will be the subject's point of view. In this way I form a cluster of ideas as a setting to the weather which gives it, fair as it is, an entirely different and unpleasant meaning, and one which is accepted. The subject is now awakened and has complete amnesia for the hypnotic experience. When attention is directed to the weather it is found that his point of view, for the time being at least, has changed from what it was before being hypnotized. The perception of the clear sky and the sunlight playing upon the ground includes secondary images of heat, of dust, of withered foliage, etc., such as have been previously experienced on hot dusty days, and some of the associated thoughts suggested in hypnosis arise in consciousness, perhaps only a few, but, if he continues to think about the weather, perhaps nearly all. Manifestly the new setting formed in hypnosis has been switched into association with the visual pictures of the environment, and has induced the secondary images and associated thoughts. But it is equally manifest that it is impossible to determine precisely how much of this setting is unconscious and how much conscious, although much of it is manifestly unconscious.

In similar fashion I made a subject view as a cesspool for sewage a river which was being converted into a beautiful

water park by a dam.[1] In this particular instance the main ideas of the setting suggested in hypnosis were intentionally made to enter the field of consciousness after waking, as the meaning of the perception. It is scarcely necessary to cite individual observations. In hundreds of instances for therapeutic purposes I have changed the setting, the viewpoint, and the meaning of the ideas of the patient by suggestive procedures, often in hypnosis and therefore without conscious knowledge. This is the goal of psychotherapy, and in my judgment the one fundamental principle common to all technical methods of such treatment, different as they appear to be when superficially considered.

It is obvious that in everyday life when, by arguments, persuasion, exhortation, suggestion, punishment, or prayer, we change the viewpoint of a person, we do so by building up complexes which shall act as settings and give new meanings to his ideas. I may add, if we wish to sway him to carry this new viewpoint to fulfillment through action, we introduce into the complex an emotion which by the driving force of its impulses shall carry the ideas to practical fruition.

It is well at this point to emphasize a fact which I have already mentioned, namely, that the secondary images, which occur in the fringe of every perception, are probably often determined by an unconscious complex; and as nearly all ideas may have different contexts or settings, and, therefore, various meanings, so the secondary images will vary according to the character of the unconscious complex which has been switched on at any given moment. For instance, the river which I see out of my window may, at one moment, have a setting which will present it in my consciousness as an object in a beautiful landscape; at another moment, as in the above mentioned experiment, as an unpleasant sewage basin, and introspective analysis will show that the secondary images will vary correspondingly in each perception. These images as elements in the unconscious complex of past experiences emerge into the fringe of consciousness.

By way of summary, then, of what I have thus far said,

[1]The Unconscious, Journal Abnormal Psychology, April-May, 1909.

one and the same idea of an object has a different meaning according to the setting, and this setting is the residua of past experiences. As to whether as a process it is conscious or unconscious, taking all the evidence in hand, a conservative summing up would be that it may be (in simple perceptions) wholly conscious, or (in the more complex settings) partially conscious and partially unconscious. Probably in the great majority of instances the latter is the case.

The Setting in Obsessions.— We are now in a position on this theory to look a little more deeply into the structure and mechanism of an obsession and thereby realize why it is that the unfortunate victims are so helpless to modify or control them. Indeed this behavior of the setting could be cited as another piece of circumstantial evidence for the theory that the setting is largely unconscious and that only a few elements of it enter the field of consciousness. If we simply explain to a person who has a true obsession, *i. e.*, an insistent idea with a strong feeling tone, the falsity of the point of view, the explanation in many cases at least has no or little effect in changing the viewpoint, though the patient admits the correctness of the explanation. The patient cannot modify his idea even if he will. But if the original complex, which is hidden in the unconscious and which gives rise to the meaning of the idea, is discovered, and so altered that it takes on a new meaning and different feeling tones, the patient's conscious idea becomes modified and ceases to be insistent. This would imply that the insistent idea is only an element in a larger unconscious complex which is the setting and unconsciously determines the viewpoint. The reason why the patient cannot voluntarily alter his viewpoint becomes intelligible by this theory because that which determines it is unconscious and unknown. He may not even know what his point of view is, owing to the meaning being in the fringe of consciousness.

If this theory of the mechanism is soundly established the difficulty of correcting obsessions becomes obvious and intelligible. It is also obvious that there are theoretically two ways in which an obsession might be corrected.

1. A new setting with strong affects may be artifi-

cially created so that the perception acquires another equally strong meaning and interest.

2. The second way theoretically would be to bring into consciousness the setting and the past experiences of which the setting is a *sifted* residuum, and reform it by introducing new elements, including new emotions and feelings. In this way the old setting and point of view would become transformed and a new point of view substituted which would give a new meaning to the perception.

Now in practice both these theoretical methods of destroying an obsession are found to work, although both are not always equally efficacious in the same case. In less intense obsessions where the complex composing the setting is only partially and inconsequently submerged, and to a slight degree differentiated from the mass of conscious experiences, the first and simpler method practically is amply sufficient. We might say that the greater the degree to which the setting is conscious and the less the degree to which it has acquired, as an unconscious process, independent autonomous activity the more readily it may be transformed by this method.

On the other hand in the more intense obsessions, where a greater part of the setting is unconscious, has wide ramifications and has become differentiated as an independent autonomous process, the more difficult it is to suppress it and prevent its springing into activity whenever excited by some stimulus (such as an associated idea). In such instances the second method is more efficacious. It is obvious that so long as the setting to a central idea remains organized and conserved in the unconscious, the corresponding perception and meaning is always liable under favoring conditions (such as fatigue, ill health, etc.) to be switched into consciousness and replace the new formed perception. This means of course a recurrence. Nevertheless medical experience from the beginning of time has shown that this is not necessarily or always the case. The technique, therefore, of the treatment of obsessions will vary from "simple explanations" (Taylor) without preliminary analysis to the more complicated and varying procedures of analysis and re-education in its many forms.

Affects.— Here a word of caution in the interpretation of association reactions is necessary. In the building of complexes, as we have seen, an affect becomes linked to an idea through an emotional experience. The recurrence of that idea always involves the recurrence of the affect. Now we must distinguish between the process which determines the meaning of the idea and the process which determines the presence of the affect in consciousness. This distinction is of fundamental importance and the failure to recognize it, in my opinion, has led to contrasted and opposing interpretations of the same facts.

That which determines the meaning is, as we have seen, the setting which provides the secondary images and the associated ideas, and, therefore, the point of view.

That which determines the affect is an association or linking of the whole affective mechanism (including the physiological reactions, *i. e.*, vasomotor, respiratory, secretory phenomena, etc.) to an idea. It does not give the meaning, but provides the impulsive force which tends to carry the idea to fruition.

Now, if it is a matter of linking, it is obvious that theoretically the affect may be linked to (a) the unconscious part of the setting, or it may be linked to (b) so much of the idea as is conscious. That the first arrangement is also true in part, and therefore that the affect may be determined solely by an unconscious process, I think we must accept as an established fact. I have elsewhere cited numerous personal observations derived from the phenomena of hypnosis, multiple personalities, dreams, etc., which seem to be only open to the interpretation that the emotion which dominated the personality was derived from subconscious processes (unconscious or coconscious). The emotion belonging to these submerged processes emerged into consciousness.[1] It was in consequence of this phenomenon, in the case of Miss B. that B IV wrote, "B I's constant grieving wears on my nerves. It is harder to endure than one would believe possible. I would rather give and take with Sally —— a thousand times rather."

[1] The Dissociation, pp. 262, 297-8, 324-5, 497. The Unconscious, Journal of Abnormal Psychology, Chap. 6, April-May, 1909.

On the other hand I think it is also true in fact, or at least it is a logically justified interpretation of the facts, that the affect may be split off from the original setting and become linked with that part of the idea alone which is conscious. Under such an interpretation it is not necessary to assume the co-operative activity of an unconscious process for the induction of an emotion, but the simple linking of the affect to a word, an object or sensation is sufficient to induce the emotion. In other words, the original complex has become split, the residua of the original experiences remain dormant and the emotion becomes linked with a single element of the original experience.[1]

This principle of the splitting of an affect from an unconscious complex, and the linking of it to a single element of an experience, if it be soundly established, makes all the difference in the world in the mode in which we shall interpret certain psychological phenomena. Upon it depends, in the word-reaction tests for example, whether we shall interpret the emotion reaction as due simply to the association of the emotion with the idea of which the word is a symbol, or as due to an unconscious process which has been disturbed and which thereby induces the reaction.

We may say then again, as I have frequently insisted, we must distinguish between the process which determines the meaning of ideas and that which determines the affect. It is not a logical necessity that the original experience which occasioned the affect should always be postulated as a continuing unconscious process to account for the affect in association with the idea. It is quite possible, if not extremely probable, that in the simpler types, at least, of the emotional complexes, the association between the idea and affect becomes so firmly established that the conscious idea alone without the co-operation of an unconscious process is sufficient to awake the emotion; just as in Pawlow's dogs the artificially formed association between a tactile stimulus and the salivary glands is sufficient to excite the glands to activity, or as in human beings the idea of a ship by pure association may determine fear and nausea,

[1]The Unconscious, Journal of Abnormal Psychology, Chap. 5, February-March, 1909.

the sound of running water by the force of association may excite the bladder reflex, or an ocular stimulus the so-called hay fever complex. So in word-association reactions when a word is accompanied by an affect-reaction the word itself may be sufficient to excite the reaction without assuming that an "unconscious complex has been struck." The total mechanism of the process we are investigating must be determined in each case for itself.

In the study and formulation of psychological phenomena there is one common tendency and danger, and that is of making the phenomena too schematic and sharply defined, as if we were dealing with material objects. Mental processes are not only plastic but shifting, varying, unstable, and undergo modifications of structure almost from moment to moment. We describe a complex schematically as if it had a fixed, immutable, and well-defined structure. This is far from bring the case. Although there may be a fairly fixed nucleus, the cluster, as a whole, is ill defined and undergoes considerable modification from moment to moment. New elements enter the cluster and replace or are added to those which previously took part in the composition. An analogy might be made with a large cluster of electric lights arranged about a central predominant light, but so arranged that individual lights could be switched in and cut out of the cluster at any moment and different colored lights substituted. The composition and structure of the cluster, and the intensity and color of the light, could be varied from moment to moment, yet the cluster as a cluster maintained. We might carry the analogy farther and imagine the cluster to be an advertising sign which had a meaning — the advertisement. This meaning would not be altered by the changes in the individual lamps, or it might not be even by adding to or subtracting from the wording.

The same indefiniteness pertains to the demarcation between the conscious and the subconscious. What was conscious at one moment may be subconscious the next and *vice versa*. Under normal conditions there is a continual shifting between the conscious and subconscious. I have made numerous investigations to determine this point, and the evidence is fairly precise, and to me convincing, that

this shifting continually occurs,[1] as might well be inferred on theoretical grounds. Nor, excepting in special pathological and artificial dissociated conditions, is the distinction between the conscious and subconscious at any moment always sharp and precise; it is often rather a matter of vividness and shading, and whether a conscious state is in the focus of attention or in the fringe. Experimental observation confirms introspection in this respect.

In view of the foregoing we can now appreciate a fallacy which has been too commonly accepted in the interpretation of therapeutic facts. It is quite generally held that it is a necessity that the underlying unconscious processes cannot be modified without bringing them to the "full light of day" by analysis. The facts of everyday observation do not justify this conclusion. The recovery of the memories of the unconscious complex is mainly of importance for the purpose of giving us exact information of *what* we need to modify, not necessarily for the purpose of effecting the modification. Owing to the fluidity of complexes, whether unconscious or conscious, our conscious ideas can become incorporated in unconscious processes. This means that any new setting which we may incorporate in our conscious ideas to give them a new meaning can be made to enter into the same ideas contained in unconscious complexes. The latter is able to assimilate from the conscious any new material offered to it. Practical therapeutics and everyday experience abundantly have shown this. I have accomplished this, and I believe every therapeutist has done the same time and again. We should be cautious not to overlook common experience in the enthusiasm for new theories and dramatic observations. The difficulty is in knowing what we want to modify, and for this purpose analytical investigations of one sort or another are of the highest assistance, because they furnish us with the required information. If we recover the memories of the unconscious complex our task is easier, as we can apply our art with the greater skill.

When we speak of a setting to an idea we are not entitled to think of it as a sharply defined group of ideas, or

[1] I am excluding conditions like split personalities, automatic writing, etc., and refer rather to normal mental processes.

sharply limited unconscious process. When we identify it with the residua of past experiences we are not entitled on the basis of exact knowledge to arbitrarily make up a selected cluster of residua which shall exclude those and include these residual elements of antecedent associated experiences, and dogmatically postulate the composition of the complex which we call the setting. Analysis by the very limitations of the method fails to permit of such arbitrary selection, and synthetic methods are not sufficiently exact for the purpose. All we can say is that from the residua of various past experiences a complex is sifted out to become the setting. And even then no process is entirely autonomous and entirely removed from the interfering, directing, and co-operative influence of other processes. Even with simple and purely physiological processes, such as the knee jerk, this is true. Although the knee jerk may be schematically conceived as a simple reflex arc involving the peripheral nerves and the spinal cord, nevertheless other parts of the nervous system —the brain and the spinal cord — provide co-operative processes which take part, and under special conditions take a very active part, in modifying the phenomenon. While we are justified for the clarifying purposes of exposition to schematize the phenomenon by selecting the spinal reflex as the predominant process, yet we do not overlook the co-operative processes which may control and modify the spinal reflex. If this is true of purely physiological processes, it is still more true of the enormously more complex processes of human intelligence.

We may say, then, not only that with our present knowledge and our present methods we are not able to precisely differentiate the settings of ideas, but that it is highly improbable that settings as complexes of residua are with any preciseness functionally entirely autonomous and removed from the influence of other associative processes.

We need further investigations into the psychology and processes of settings, and until we have wider and more exact knowledge it is well not to theorize and still more not to dogmatize. It is an inviting field which awaits the psychologist.

A CLINICAL STUDY OF A CASE OF PHOBIA: A SYMPOSIUM[1]

BY MORTON PRINCE, M.D., AND JAMES J. PUTNAM, M.D.

INTRODUCTION

A few words in explanation of the symposium which follows is desirable. The object of this symposium was to obtain a presentation and discussion of the existing divergent views regarding the pathology of anxiety states held by different students of psychopathology. It was thought by the Council of the American Psychopathological Association that if a specific case of phobia or anxiety state were studied independently by two clinicians holding divergent views regarding the pathology of anxiety states, the differences in their views would be more concretely illustrated and more precisely formulated than by any discussion of anxiety states in general. In discussions of the latter kind the tendency is to wander over a large field of inquiry and to meet at very few points.

Accordingly it was arranged that a report of the same case should be made independently by Dr. Putnam and Dr. Prince, each making his study from his own point of view, without consultation with the other. The case selected was one which had been under the care of the former for a long period and which the latter studied for the purposes of the symposium and which, it also should be said, had been frequently observed by him, although never under systematic treatment at his hands. The case is also well known to quite a number of Boston physicians (members of the Association), under whose care the patient had been at different times. The treatment in every instance had met with indifferent success. The case, a difficult one, is therefore well adapted to such a symposium.

Not the least interesting point, which becomes apparent from a study of these two reports, is the different kinds of facts elicited by the two studies — what would seem bound to be the case when two persons influenced by different theories examine the same patient. Herein probably also is to be found the basis for much of the divergence of views in psychopathology.

ED.

I

REPORT BY MORTON PRINCE

THE patient is an unmarried woman forty-one years of age, physically hale and hearty and of a robust type. Mentally she is normal with the exception of certain obsessions, the chief of which, a phobia, is the subject of this symposium. I refrain from describing her temperament and mental characteristics because pro-

[1] Read before the Annual Meeting of the American Psychopathological Association, at Boston, May 29, 1912.

verbially no two persons can agree in forming judgment upon such characteristics. I will merely say that she conspicuously belongs to what is commonly regarded as the consciously asexual type.

The attacks from which she suffers and which have been making her life intolerable during the past eight years do not always present the same characteristics, but exhibit certain sub-varieties, each, from the point of view of psychogenesis, being of great importance. I shall first describe the character of the *major* attacks, then the sub-varieties, and finally analyze the individual symptoms which make up the syndrome of each.

First. A feeling of what she calls "unreality" because of certain subjective sensations, some of which seem to be primary and some secondary. These may be analyzed into

(A.) A consciousness that she does not feel the air about her and particularly on her face, of her "inability to feel the air," and hence that the air is not real and that she cannot breathe the air because there is none to breathe. There is a sort of struggle to get air. This unreality of air is always the first symptom of the attack.

(B.) A sensation of queerness of the body difficult to describe. It is a sensation that her hands and feet are flying off. In attempting to describe this she likens it to the explosion of a pinwheel in which everything flies off from a center. Apparently a part of this sensation is a "feeling" in her body from the waist up (not down) and always in the left side of the hypochondrium. It is a "pulling out feeling," — a "horribly disagreeable feeling." On one occasion she likened it to an accordion being pulled out. At this point in the attack (to quote her words) a "conflict comes in trying to make myself see things normally, and as my mind refuses to do so I get into a condition of 'unreality.' "

(C.) This condition changes to a feeling of "wildness" that she must rush, but there at once comes a feeling of "paralysis" or inability to "rush": she can't rush. For example, as happened in a recent attack, this syndrome developed as she was leaving a street car. She felt that she must rush to a neighboring house, but she couldn't. She

would like, too, at times, to reach out and touch objects to assure herself, but she can't.

Second. A confusion of thought.

Third. Fear with the usual somatic disturbances, palpitation, vasomotor disturbances, tremor, etc.

Fourth. Certain visualizations of herself in a convulsion.

Fifth. There is the usual anticipatory fear of an attack, and also, as is customary, this fear may excite an attack.

Sixth. In my experience whenever an attack has been analyzed it always could be traced to some stimulus either from the environment or some thought which immediately excited it. Frequently this stimulus is forgotten, but I have always found it possible to bring the memory of it back to consciousness.

Now, when we come to examine into the attacks we find that they are not all alike but present certain specific sub-varieties. Yet there is one feature common to all which I shall call for the sake of brevity, "the unreality of air," with the peculiar somatic sensations I have described. Hence they may be called, from one point of view, "unreality attacks." *But that term, so far as it is applied to the attacks which are the subject of this symposium, is a flagrant misnomer.* Analysis shows the attacks are of two varieties. First, without fear; these she calls "*passive unreality*," and are the unreality attacks proper. Second, with fear; these she calls "*panic*," and are the phobia attacks alone.

In each kind of attack she frequently has visualizations of herself in a convulsion. For example, on the day on which these notes were made, while in my library waiting to be seen and looking out of the window at the Charles River, she had an attack of "passive unreality." She visualized herself in a convulsion: actually saw herself fall on the floor of the library and going through certain contortions which she likened to the boy in a fit in Raphael's picture of the "Transfiguration." In this visualization her vision-self was frightened (though *she herself was not*) and was screaming and struggling for air and seemed to be trying to get itself back to normality. At the same time when she had this visualization she experienced the peculiar "pulling

feeling" from the waist up, which I have described above. This visualization does not amount to an actual vision, and she insisted definitely that she was without fear in this attack. This visualization of herself in a convulsion as a part of the attack she has frequently experienced, particularly "seeing herself" thus in some place where she couldn't obtain help: for instance, in an electric car or railroad train, or in some lonely spot off at a distance, or on an ocean steamer, or on a mountain, etc.

We see from the above that all the attacks do not involve fear, that is, are not a phobia, but only the major attacks involve fear and are a phobia. This is an important distinction both for psychogenesis and for symptomatology. It is still more important for understanding what the problem is that we are trying to solve. It is the major attack with fear that is the anxiety state, not the unreality-of-air syndrome. The latter, as we shall see, occurred and recurred long before the phobia developed. *If it had not been for other and entirely independent experiences there would not have been any anxiety state but only the benign unreality complex which is so common in psychasthenic conditions.*

Now, what is this fear which is the obsession?

When we examine more closely into the nature of the fear we find that it is always predominantly *a fear of insanity*. This she always insists upon, but when we inquire still more deeply into it we find that there is another fear, that of death. There is a fear that either death or insanity awaits her, but the predominant fear is always insanity. Always when questioned as to the nature of her fear she first answers "of insanity," but later, after introspection, she adds "death also," recognizing at the same time that the former was the predominant one.

The case, then, which is the subject of this symposium is *the phobia of insanity* and death. Let us not forget that. It is this alone that we are called upon to interpret.

Now let us examine each of the main symptoms of the phobia attacks with a view to determining its genesis and relation to the attack.

Unreality of Air. The first attack of what we have called unreality of air occurred nine years ago, when she

was thirty-two years of age, while walking along a street in the slums. (The memories of this attack and also of the other experiences of her life which I shall make use of were to a large extent recalled in a condition of abstraction. This I wish to have understood in the course of this account of the case.) In this attack she was walking with four girl friends, talking pleasantly. "Suddenly," to use her language, "I felt unreal. It was unreality about air."

Question. "What do you mean by unreality about air?"

Answer. "The question in my mind is, what is air and how can a thing be all around you which you cannot feel? I cannot feel the air. I am not conscious of it. The feeling comes of trying to make myself feel the air against my face. I am walking along trying to get rid of this thought about air,— trying to distract myself by the sights on the street."

Question. "Does the street around you seem real? Do you yourself feel real?"

Answer. "Perfectly. The feeling that I have is that I cannot feel the air. The pavement is the pavement, the street is the street, I am I, but I cannot feel the air."

Question. "Why are you calling it 'unreality'? You describe only a lack of feeling?"

Answer. I am calling it unreality because I cannot feel it and I have never thought of it like that before. It just comes to me now."

Question. "You mean then that what you are describing is only an inability to feel the air?"

Answer. "Exactly! And I never thought of it that way. I thought it was a thing of the mind. We cross Shawmut Avenue and walk along towards the Club [a Settlement Club] and get into the house where I am not trying to feel the air, and it goes. The attack is over."

Question. "What is your mental state? Anxiety, curiosity, or what?"

Answer. "Trying to look into the mysteries of the world, as to what air is and the planets, and that sort of thing. In other words, it comes to me now that it is largely trying to investigate and not succeeding, and from the fact that I

do not succeed it makes mental conflict. It is in this way: I try to find out what something is like, so to speak, and I cannot find out what air, for instance, is like, and because I cannot give myself a satisfactory definition or answer it makes conflict. I see now quite clearly certain things. It has come to me that what it is is more or less of a temper fit, as if you were very angry and wanted to strike some one and you do not strike him. It is the same way about this. I want to feel the air and I cannot, and it is a mild temper fit. I do not think it really is anger. It is *annoyance*, irritation. In other words, it is trying to do something that you cannot. I have *since* had repeated attacks of the same kind of unreality, but *they never frightened me*, only annoyed me. First it is a feeling of *annoyance*, later, in the major attacks, comes the panic."

During the year following this attack she frequently had similar benign attacks of "passive unreality," as she does now. They were never conjoined with fear of insanity until a year later, but this fear, as we shall see, had occurred years before the development of the passive unreality attacks.

First, let me say, the exact psychogenesis of this metaphysical complex, if I may so term it, about air I have not been able to unravel, owing to the limited number of opportunities which the patient offered me to study the case for this symposium. What I should like to know is what antecedent thoughts about air preceded the outbreak. What ideas has she had about the mysteries of life?[1] What antecedent thoughts or what stimuli thrust this metaphysical query into a pleasant conversation? What was she thinking about at the time? What was the exact nature of the conflict that resulted? What emotions were involved?

However, whatever the psychogenesis of the air phenomenon, it is immaterial to this case. As I have said, it is not the obsession under discussion, although it later on by accident became a factor in the complex of the true phobia.

Now the phobia in this case, as I have already pointed

[1] At different times her thoughts had dwelt upon various metaphysical problems of life, problems to which she could not find a satisfactory answer.

out, is not of the "unreality of air," but of insanity and death. Why does this patient have these obsessing fears? No one likes insanity and no one likes death, but we do not have an obsessing fear of them as catastrophies likely to affect ourselves particularly in the immediate present. A fear of insanity involves, of course, some particular conception of insanity as affecting oneself. No one can have such an idea, nor can any one have a perception of himself as an insane person, or one likely to become insane, unless he has had some past experience to form a setting which has given a particular meaning to that idea; and likewise with a perception which means the likelihood of death from harmless attacks.

The question then comes, *why* does this patient have a fear of insanity, and *why* does she have a fear of death? I set out in my investigation to discover answers.

Why the Fear of Insanity. Five years before the first unreality attack, and fourteen years ago when she was twenty-seven years of age, she suffered from supposed "liver trouble" of some kind and jaundice. During this condition of jaundice she was very much depressed. It was during this illness that she first acquired the fear of insanity. She never thought of going insane until this liver trouble developed when her mind, as she expressed it, "became peculiar." She thought she "was in for melancholia." She could not shake the gloom, and her thoughts became fixed upon death and a future life. It is important to note that when we inquire more closely into this idea of a future life it is found to have no ordinary or metaphysical meaning but the very specific one of hell. It was the medieval conception of hell, and a future life to her meant the place, Hell. When this idea came into her thoughts she actually visualized the inferno, saw the inhabitants undergoing tortures of all kinds such as are pictured in medieval paintings. Death and hell became equivalent in her mind and she feared both.

During this depression, with her thoughts fixed on death and hell, she thought she was insane or would go insane. The patient recalls a large number of specific memories of this period, the sum and substance of which is

that in consequence of the depression induced by the liver disease she underwent various mental conflicts trying to reason herself out of her depression and her gloomy thoughts of death and a future life in hell. As a result of these arguments with herself she would have spells of cheerfulness which would last some little time.

"I remember," she says, "reasoning with myself in one of these fits of depression and saying that there was something radically wrong with me or I could not have such thoughts; radically wrong with my body, which then I let myself believe was affecting my mind. I never thought in those days that it was the other way around.

"I remember going to a funeral just at this time, and during the service being almost speechless with gloom and depression. I also remember driving to the cemetery, Forest Hills, and being scarcely able to talk with the people in the carriage, I was so depressed with these same thoughts. I remember thinking then that it was my body that was upsetting my mind, that my mind was really *upset* or I could not have such thoughts. I thought that if I dwelt any longer on this one subject it would be fixed upon me and then I couldn't shake it. I did not fear anything like a fit or unconsciousness, but I did believe that if I dwelt on this thought I would never shake it, that I would have it for the rest of my life."

Question. "What do you mean by 'upset'?"

Answer. (Patient thinks for a moment, then exclaims in surprise:) "I see it now! I never saw it before! It has come to me! I thought that if I dwelt on one thought, if I couldn't get a thing out of my mind, it was insanity, that part of the brain was diseased: that thought was always there. I see now there is no danger of insanity at all."

Here then, in this period, we have the origin of the fear of insanity, a fear growing out of the fact that she was fixing her thoughts upon one idea, that of death and a future life in hell accompanied by visualization, an idea which she could not get out of her mind, and also growing out of the belief that this thought was insanity. She perceived herself as an insane person or, even at best, a person who was doomed to become insane. The idea of insanity and of herself as an

insane person had a very definite and peculiar meaning for her, and this meaning, as we have seen, must be due to a setting. What was the setting which gave this peculiar meaning to insanity? To learn this we have to go still further back, to a time when she was twenty-three years of age, eighteen years ago. At this period an artist friend told her a story about some one, a friend of his, who went insane after dwelling on one subject, and then he added, "That is a very dangerous thing to do,— it causes insanity. The mind becomes fixed on one idea and cannot throw it off, and that is insanity." Here we have the experience that furnished the setting that gave the meaning to her idea of insanity. And now, finding that she herself was doing this very thing, dwelling on the idea of death, etc., she perceived herself as an insane person or one doomed to insanity. It goes without saying, of course, that the fear was aroused by her realization of her situation and became linked to her perception of herself, and thus was formed the phobia of being insane or becoming insane. It only needed a favoring occasion to link these two perceptions to the unreality attacks to have these attacks transformed into a phobia of insanity. Before reciting the episode which brought about this linking, I will give in detail one or two episodes which give an idea of the degree to which fear of insanity had developed before the final amalgamation took place.

When asked to think of insanity and narrate any memories that came to mind she said:

"I remember visiting at Belmont and driving by the insane asylum. I heard a tale of a woman who had gone insane and was there; and another tale of a man who thought he was a dropped egg on toast, and the *horror* of mental derangement came upon me then very strongly and I immediately focused my mind on myself and imagined that I might be there some day. I had a feeling of timidity, suffocation, clutching. The memory came into my mind that my uncle had been insane and that it might be inherited. Then came a quite strong conviction that I might be right in this supposition. I then said, 'No, this is nonsense; you are badly jaundiced and it is your liver and not your brain that is wrong.' The next day, in Belmont, I went over the same

thing in my mind. Then a day or two afterwards I heard of two families out there where there was insanity and where it had affected each generation, and one woman, who was extremely peculiar. I went to her house and I came away weighted down with the *horror* of mental derangement, so weighted down that it seemed as though there were a load upon me that I couldn't get rid of, and I argued then, 'You are jaundiced; this is nonsense; it is you liver.' (Dr. F. said, and I believed him, that anybody who was jaundiced, badly jaundiced, would of necessity have depression and queer thoughts.)

"Then, a few days later, I remember going out to walk with some children and thinking how wonderful it was that they could be so happy, particularly some of the children where there was insanity in the family, and trying to analyze their minds and see if I could find a trace of anything peculiar. I could not detect anything, and then I argued with myself, 'Well, there really is insanity in the family there and these girls are not thinking about it and they seem perfectly happy. Now, I haven't really got that in my family, so there must be something the matter with myself.' I was depressed all this time.

"About this same time a neighbor came to the house whose sister had died of cancer of the liver, and she told me that my symptoms were exactly like her sister's, and that turned my mind from the idea of insanity for a time, as I realized that the seat of my trouble, the whole of it, was in the liver and I cheered up and got away from the insanity idea for a spell."

WHY HER THOUGHTS WERE FIXED ON DEATH AND HELL DURING THE "LIVER DEPRESSION" AND WHY THE FEAR OF DEATH. We have then, up to this point, a person who perceived herself during attacks of depression from organic disease as an insane person or as a person doomed to become insane, with resulting fear because her mind was fixed upon one idea, that of death and the medieval conception of hell as the future life that awaited her.

Why was her mind fixed on this particular idea at such times? The idea of death, also, etc., was linked with fear and loomed up as a fearful possibility. Why did death

seem so fearful, or rather, why this conception of a future life? There must have been some antecedent experience which gave origin to the fixed idea, and there must have been some setting which gave the peculiar meaning to death and a future life, and this setting, too, must have been derived from past experiences. When we go back still further to a time when she was sixteen or seventeen years of age, we learn what these experiences were and what became the setting. At this youthful age, while living in Germany, she had an attack of catarrh of the bowels and was very anemic. I will quote her own description of her mental condition at this time:

"I was sunk down with gloom and did not know the meaning of the gloom. I remember reasoning with myself as I walked along the street that I felt unnatural. I seemed to be in a sort of tomb, I should think. I remember reasoning that I was not well and hence this queer feeling. I reasoned that there was a reason for it. I came out of that and got rid of the catarrh of the bowels, and was as cheerful as a lark. *I do not remember at that time fearing for my mind.*" (Note that notwithstanding the depression there was no fear of insanity at this time.)

"Now, while in this condition of depression, a friend of my father's came to see us one afternoon. He was talking. He had just come from Italy, I think, and was describing Michelangelo's 'Last Judgment,' or else he was describing his early childhood, but I know he had come from Italy and was talking about the old-fashioned ideas of heaven and hell, and I was listening. I was only a young girl about sixteen or seventeen years of age. I wasn't well. His description was very realistic, and the idea of death got into my head and I visualized it and people being punished. Something like Dante's Inferno. I couldn't throw it off. This was the first obsession. The idea of hell. I thought that I might go there. I had a fear of going there. He described this very graphically. He was an exceedingly interesting man. We all sat around while this talk was going on. The terror of hell came to me then. I wasn't well enough to throw it off. From that grew the idea of death, separation, eternity. *And that was the gloom that I had later*

with the jaundice. The same gloom came back. The same ideas of hell."

So we see that death became equivalent to hell.

We have now the setting which gave the meaning to the idea of death and a future life, the whole, with the depression forming a complex. The recurrence of the depressed state from organic disease on well-known psychological principles (alteration of personality) resurrected the previous fixed ideas of that state. So we learn why she was afraid of death, why she had certain specific fixed ideas during the state of depression from jaundice, and why she was afraid of insanity.

The idea and fear of death and hell were also incorporated in the insanity phobia, inasmuch as it was the fixation of the former that was, in her belief, insanity.

There remains, however, the question as to how the fear of insanity and death became linked to the attacks of unreality, transforming them into "panic" or anxiety attacks. This did not happen until six years after the fear of insanity developed, or eight years ago, when she was thirty-three years of age.

How the Unreality Attacks became a Phobia of Insanity and Death. The unreality attacks became a phobia of insanity and less intensely of death in the following way: It happened *eight* years ago when she was thirty-three years of age, during the time when she suffered from jaundice and depression and feared she was doomed to insanity. (These attacks of jaundice, by the way, which had been supposed to be due to liver trouble continued until *four* years ago, when she was operated upon, when the attacks ceased.) Please still bear in mind that up to this time the "unreality attacks" were in no sense a phobia. They had no setting to give them a meaning that she should fear them, but as a result of the experiences I am about to relate they acquired a setting which gave them such a meaning, a meaning that they might lead to insanity or death, both of which she feared. Her sole phobia of insanity up to this time pertained to the depression which accompanied the jaundice.

Well, one day she was in her room preparing to go to Europe and she had an attack. It began as a simple unreality attack. Her trunks were nearly packed; it was a warm day in April. "It didn't seem as though air were coming in, although the window was open." She "couldn't feel the air." At the time she "had a headache; felt strange; took a moderate dose of bromo-seltzer or something of that sort." Then she "felt queerer." From that it "went on to a bad panic of fear and [she] went up on to the roof to get air, but there didn't seem to be any," and she "had a strong conviction that it was not safe for her to go to Europe because she was going out of her mind. This was the fear."

The details of the mental processes that had led from the feeling of "unreality" to the "panic" and the fear of insanity are important, and I will let the patient tell them in her own words. (It is to be remembered that as she recalls these memories she is in a state of abstraction and in imagination visualizes herself in her room in the midst of the attack and describes each thought and feeling as it recurs.) "I am in the room and I cannot make air real. I cannot get that one impression out of my head. I feel strange. I have taken the medicine and feel queerer. I feel so strange that I can feel it in my hands. I have a sort of contraction of my hands, a contraction of my body; my legs stiffen. A curious rushing of blood makes my heart palpitate. The feeling is that of blood rushing to my head. I am trying to feel the air. I cannot. I am only conscious of my body. Everything looks perfectly natural. I am not unconscious of the externals, but I am more conscious of the internals, so to speak. The room is natural and my body is natural, only I do not feel the air and I *struggle* to feel it. This struggle causes panic. I am trying to make a satisfactory explanation to myself about air, but I cannot do it. I get *annoyed* and feel the annoyance because it looms up such a mystery in my mind — causes the *fear* of going straight out of my head. I am trying so hard to solve the mystery which I cannot do. [Panic follows in such force that] I think I am going out of my mind and that is my real fear. My thoughts are so complicated and bewildering and cannot be reconciled one to another that I think I am going out of my mind.

"It is the thought of not being able to satisfy my mind about air that works up, and works up, and works up, until panic culminates; panic which is fear because I cannot satisfy my mind. My thoughts are so complicated that I fear I am going out of my mind."

Question.— "What do you mean by working up?"

Answer.— "The only way I can explain it is that it is like trying to make sense out of a puzzle, and you cannot do it, or taking something in music and trying to memorize it, thinking you have it, finding you cannot get it, then getting into a stew thinking that if you cannot get it in a certain time you never will be able to play. When a person gets where he cannot make things in nature reasonably clear this inability to solve the problem causes the fear of losing his mind. Feeling such a condition it seems that I am losing my mind. I am afraid. I know all the time that what I am trying to make out is perfectly absurd and nobody else is trying to make it out. Therefore, because I alone am trying to do this comes the thought that that is insanity. As an insane person might try to solve something nonsensical.

"After going on the roof I thought I was losing all control. I visualized myself *struggling*, in a fit, my mind leaving my body. I felt my mind going right out of my head, my arms going out, a separation of my limbs, and trying to hold myself together, and a desire came upon me to run and knock into something. The memory is that I wanted to run and knock into something thereby making reality of feeling. Absolute confirmation came upon me that the calamity was before me of losing my mind and I felt that something calamitous was going to happen. I seemed to have it inborn that I must not go to Europe. I remember that a calamity was going to befall me ever since the liver illness, when I went to Belmont to convalesce."

This was the first attack of unreality with "panic" that she had ever had; the previous attacks had always been benign and without fear. Ever since this attack the fear of insanity has been incorporated with the syndrome of unreality.

Three days later she had another attack of panic while crossing the ocean and sitting on deck. "The feeling of a

mental and physical cyclone came over me, and during that cyclone there came the almost conviction of suddenly going out of my mind; so much so that I left my steamer chair, went downstairs to my stateroom, took a snall dose of aromatic spirits of ammonia and tried to make myself believe that I was not going out of my mind, although I felt entirely out. (By cyclone I mean an attack of unreality and panic.)"

Shortly after this she had another attack in the train in London, accompanied by a visualization of interest. In this attack she fell on the floor of the car and thought she was dying,— as she expresses it, "all the strength went out of my body,"— and before she fell she had a visualization of herself in a convulsive attack and *dying*. (At this time she was convalescing from a physical illness, supposed to be abcess of the liver or some intestinal trouble, and it is probable that the attack was complicated by physical causes and possibly fainting.)

It is obvious that since the first attack in her room the fear of insanity had acquired an additional meaning. Previously this had been linked only with the fixed idea of death and hell, which arose only during the jaundice state. Now it was revived by and became linked to bewildering, irreconcilable, absurd thoughts, conflicts, feelings, and dissociations in which the unreality syndrome culminated and was apt to culminate. This mental outbreak confirms her former belief that she was doomed to insanity and again under her condition she perceives herself as an insane person.

(I pass over a deeper analysis of the state of dissociation which is undoubtedly present and probably induced by the conflict described.)

Further, the previously benign unreality syndrome, having now become incorporated in an insanity setting, had thereby also acquired a new meaning. From this time on the insanity complexes — whether conscious or unconscious it is not necessary for us now to consider — determined a new point of view, made her perceive her unreality attacks as incipient insanity, made her perceive herself as either insane in these attacks or as likely to become insane if the attacks continued. She now became apprehensive of the unreality attacks because they meant insanity.

Fear of Death in the Attacks.— How about the fear of death which, as we have seen, was also incorporated in the obsession? Why did she fear death in the attacks? In seeking the complex which was the setting that originally gave meaning to her fear of insanity, we found that it was intimately associated with the fixed idea of death and a future life in hell, à la Michelangelo's "Last Judgment." This fixed idea had been incorporated in the insanity setting for many years, and it was the idea which originally was responsible for her perception of herself as an insane person, and therefore was bound to recur when the insanity phobia was stimulated.

But there was another factor which determined the recurrence of the idea of death in the phobia attacks, and gave the meaning to her perception of the attacks. We must go back to the time when she was twenty-three years of age. At this period her father had convulsions which followed an apoplectic attack, and which she believed (possibly rightly) to be due to Bright's disease. They made an impression upon her. She became apprehensive that some time in the future she would have Bright's disease and convulsions. From the age of twenty-three to thirty-three (when the unreality attacks developed) this thought had apparently dropped out of her mind. Now, in the process of recovering associative memories she stated that she "knew that people who had convulsions became unconscious" and that she always had a horror of "being unconscious and of being buried alive"; she believed that "being unconscious might mean death and being buried alive." This idea had become incorporated in the setting of her perception of her attacks in the following way, and gave the perception a corresponding meaning, as she herself analyzes it: "The unreality now had become equivalent to losing my mind; unreality was followed by struggle to get air and fright; fright also led to a struggle; struggle was equivalent to convulsions, convulsions culminated in unconsciousness and unconsciousness meant death." (It is interesting to note that in the visualization of herself in convulsions she describes herself "struggling for air" and at the same time described the visionary self as in a fit. The two terms in her thoughts are synonymous.

She had also visualized herself as *dying* in convulsions. Hence it is clear that the idea of struggling, convulsions, unconsciousness, became equivalent to death and a life in hell, and the fear of death became linked with the unreality syndrome and the unreality complex,— the whole becoming a recurrent psychopathic state or obsession.

Mechanism of the Visualization.— This brings us to the consideration of the interesting phenomenon of the visualization which is an element in both the passive and panic attack. We open up the large subject of hallucinations which, of course, I can only touch upon very superficially here, resting content with merely stating my interpretations. The visualized images of herself in convulsions are, as I interpret them, analogous to the secondary images which take part in perception. The process is similar to that of dreams and visions in general. The antecedent thoughts incited in the first place by her apprehension of inheriting Bright's disease and convulsions from her father, and in the second place from her conception of the unreality syndrome, as a state which might possibly end in convulsions, now functioned unconsciously and induced the secondary images as a quasi-hallucinatory expression of the thoughts. This unconscious process therefore, on the one hand, took part in the setting which determined the meaning of the panic attacks and, on the other, determined the quasi-hallucinatory phenomena. How far the settings which gave meaning to the other ideas which I have already considered were conscious, or unconscious, is a secondary question which does not come within the scope of this symposium.

Fear of Railroad Trains, etc.— There is one subsidiary phenomenon on which before closing I wish to say a few words, as it is one to which I give an entirely different interpretation from that which is given to it by Dr. Putnam and others. I refer to the fear which this patient experienced of traveling in trains, going into lonely places, walking along the street alone, or entering places like a church, a theater, etc. Some of these fears have been called agarophobia, claustrophobia, etc. Almost all, if not all, patients suffering from phobia have fears of this kind. They occur in people of all types and characteristics, amongst the normally self-

reliant as well as amongst the timid. The ordinary conception of this fear to my mind is entirely erroneous. There is no fear, properly speaking, of an open place, or of a closed place, or of a train, or of a theater. The true fear is of having an attack in a situation where, owing to the circumstances of the environment, the patient cannot obtain relief. The mental condition is exactly the same as that of a person who because of having heart disease or epilepsy is afraid to ride on a bicycle, or is afraid to be in a situation where, if a heart or epileptic attack should occur, assistance could not be obtained. These patients with phobias all have anticipatory fear of an attack, and this is particularly intense in anticipation of a situation where help in an attack cannot be expected. None of these phobia cases is afraid to be in these situations provided he is accompanied by a physician, or a person in whom he has confidence. The patient under discussion, for example, had not the slightest fear of traveling in a train if she is accompanied by her physician. The patients who are afraid of being in a church or in a theater are simply afraid because they realize that if an attack develops they cannot get out, considering the formal conditions that exist. Such a patient can comfortably sit in the last seat of a church or of a theater, but not in the front row or where he would be closed in by other members of the audience. This is the whole meaning of this fear, as I have satisfied myself again and again. There is therefore no symbolism nor abstruse or subtle meaning to the fear.

A CLINICAL STUDY OF A CASE OF PHOBIA

II

REPORT BY JAMES J. PUTNAM

THIS paper attempts a brief study of the case of a lady, now about forty years of age, mainly characterized by phobias and compulsions, differing from one another, I believe, less in principle than in detail, and, at any rate, closely interwoven with one another.

The main object of the discussion is to bring into relief the difference between Dr. Prince's views and mine, with regard to the general principles here at stake, and for that purpose this history, used as a text and illustration, will serve sufficiently well. I wish it to be understood, however, that the doctrines here advanced rest on evidence furnished bit by bit through the prolonged studies of many different observers, and depend but little on the necessarily meager array of facts furnished by this difficult and imperfectly worked out case. The interpretation which I offer is substantially that of Freud and his eminent followers, with one important difference, namely, that in estimating internal mental conflicts I attach great importance to an intuitive recognition, which I believe to be bound up with the very nature of every mental act, of the contrast between the capacity of the mind for infinitely varied self-expression and the somewhat painfully felt inadequacy of each partial attempt at self-expression.

The main symptoms from which this patient suffers may be briefly characterized as follows:

1. An intense sense of unreality, which she refers to the universe, which she declares herself unable to make seem right.

2. A horrible feeling of the "stoppage of air" coming on in attacks, not attended by real difficulty in getting breath, but giving rise to a sense of living death, or isolation from everything existent. If such an attack occurs when she is on the street she can hardly induce herself to take a farther

step, and is impelled to seek the nearest cover for protection. When asked what she fears under these circumstances she usually says, "convulsions," though her great underlying fear is of insanity.

3. This desire for protection, which amounts to a craving, is very characteristic of her case, and dates back to early childhood. In her search for it she will frequently ring the bell of a friend's house, making some pretense of an errand that calls her there, and wait until she gathers courage to pursue her way.[1]

4. It seems to me doubtful whether one should attempt to draw a sharp line between this particular form of distress, or "Angst," that she describes as the "stoppage of air," and that may come over her at any time, day or night, and a kind of nightmare-like horror with which she sometimes awakes suddenly from sleep, and which is characterized by the necessity of struggling, as if for life, against some nameless and vague, but terrible and portentous influence that she refers mainly to her left side, sometimes dwelling especially on the left side of the head, sometimes on the left side of the body. Let me here say that her father first, later her mother,[2] became hemiplegic on the left side a number of years before their death, and that the father suffered from left-sided convulsions. These parental illnesses, as I shall point out later, played an important part in the accentuation and modeling of her own.

5. An overpowering dread of traveling alone and crossing streets alone (especially certain streets) and, indeed, an almost unconquerable dread of crossing any Rubicon, of making any decision.

[1] This strong desire for protection and sympathy showed itself in many ways, though it was often masked by her conspicuously frank and independent manner and speech. Thus, in the course of the discussion of Dr. Prince's and my papers, it came out that (in my opinion) as a part of her desire to feel herself in complete touch with the physician who was temporarily caring for her, she had said to each in turn, with unquestionable sincerity, that "now for the first time she began to understand her case," that "this treatment she believed in, while the others had been inadequate," etc., etc. In fact it is evident to me that it was the personality of the physician, not his wisdom, that made the deepest imprint upon her.

[2] She is uncertain about the side of the mother's hemiplegia, but thinks it was the left.

6. A fear of "parting," even from things of little worth, which is symbolized by her unwillingness to part with a letter by dropping it into the letter box, to part with a nickel by paying her fare to the car conductor. The analysis showed that at one period it was exceedingly distressing for her to part with her feces, at the toilet, and this may have a special significance, to which I shall call attention.

7. These phobias are associated with compulsions and impulsions that oblige her, for example, to wear certain clothes, clothes that she had previously been wearing; to return once more to a house that she has just left, so that she sometimes occupies two hours in getting finally away; to pick up pins and papers; to carry amulets in her bag, against possible mischances.

It is easy to see that in these compulsive tendencies the idea of taking precautions against possible harm to come,[1] and of unwillingness to meet the possible dangers of change, are the prevailing motives, and that these characteristics connect symptoms here in question with the craving for protection and the fear of change. It will appear later that these same motives have shown themselves at various critical periods throughout her life.

The fact that this patient still remains uncured, or imperfectly cured, makes the causes of her illness a fit subject for speculation; and since our present purpose is to compare and contrast explanations founded on far wider studies than the case itself would furnish the materials for making, a brief discussion of the reasons for the failure of all the many treatments that have been employed may serve a useful purpose. Whatever other causes may be assigned for this failure, it must be remembered that the patient herself is no longer young, and that no treatment is able to give her the outlet for her emotions which both her conscious and, still more, her unconscious nature have been craving. Sick she is protected, and leads an endurable, even though an unsatisfactory existence, made more tolerable by subconscious visions of greater happiness; well (that is, relieved of her worst symptoms), she would have to face a sort of struggle

[1] In part, these compulsions, like all others of their kind, may be classified as "ceremonials of propitiation and expiation."

for which her temperament has unfitted her. She longs for some one to lean upon, for an assured income, for marriage, for congenial society and occupation, and for a home. Her symptoms illustrate these longings, while cold facts prevent their consummation.

It is noteworthy that, a year ago, while I was studying her with some thoroughness, and while she herself was pleasantly occupied, she improved greatly, lost a large share of her symptoms, expressed great confidence in the psychoanalytic method,[1] and up to a certain point seemed to comprehend her situation from the psychoanalytic standpoint. Then came the necessity for actual tests of her power of standing alone, made necessary by the approach of summer, with its absences from home, and its separations from protecting persons, and she rapidly backslid. An interesting dream of this period, which, with others, I obtained an opinion on from Dr. Freud and Dr. Jung, seemed to show a strong sense of leaning upon me for protection and affection, as earlier dreams had shown still greater leanings towards others in a like relationship.

The patient's personal and family history is, in general terms, as follows:

She was born in a large city, where her grandfather and father were for many years successful and eventually wealthy merchants. This fact is of importance, because just about the time of the patient's birth the father lost his money, in consequence of an indiscreet investment which must be regarded as partly of neurotic origin, and the family life became one of struggle and sacrifice, diversified by recurrent hopes of better things, which arose only to end in disappointment.

Several other members of the father's family had presented neurotic traits to a marked degree, and had exhibited also—what is more important—special phobias which were apparently analogous to those from which our patient suffered.

When the patient was a small child the father became involved in a public transaction which, although in no way dishonorable, brought him and his family into a notoriety which was at once unpleasant and exciting.

[1] Cf. footnote p. 279.

In view of the facts accumulated through great numbers of psychoanalytic studies, it is fair to suspect, even though it cannot be entirely proved, that these various misfortunes to the father of our patient, and the fact that he did not react to them in an adequate manner, but became, as it were, benumbed, paralyzed, helpless, and apathetic, even before the onset of the actual hemiplegia (which occurred when the patient was two years old), had a serious effect on the mind of this sensitive child. She must, with her affectionate and dependent nature, have begun by adoring and leaning on him, at a time when he was substantially her only heterosexual companion; but she learned, through a long series of influences, of which a few have been just hinted at, to have a certain horror of him, and to look upon him as her evil genius, and yet as a personality with which her own had become strongly identified, as shown by her almost ever-present dread of his left-sided paralysis and convulsions, sinister in both senses.

The other members of the patient's family consisted of the mother, who seems to have been in many ways a fine, though unpractical woman, and three sisters, one of whom was a half-sister, through a former marriage of the father. All of these sisters were in various ways neurotic. The oldest — the paternal half-sister — had and has marked phobias, and almost delusions of suspicion. The second sister, somewhat older than the patient, in several respects peculiar and dependent, used to sit alone, as a child, for hours, cross-legged on the floor of her room, with the door closed, crooning stories to herself, while she waved her handkerchief to and fro with a mysterious and stereotyped motion. If interrupted at this pastime she would get very angry.

Finally, another person should be mentioned, who was virtually, though not technically, a member of the family, and an important one, namely, the nurse, to whose care the children were almost wholly delegated by the mother, whom a lack of practical instinct and preoccupation with the duties entailed by the stringent limitation of the family income rendered incapable of filling properly the mother's place. This nurse, although devoted, and a woman of strong character and fixed purpose, was ignorant and superstitious,

incapable of really understanding her charges, and sometimes unwise in her punishments and precautions, yet able to dominate the children by her strong will, and inclined to teach them stern lessons of repression, some of which were very unfortunate in their results. This nurse had the current fears about starting enterprises on Friday, passing under ladders, etc., etc., and kept alive as a rod of fear the belief that goblins lurked behind a certain door, who stood ready to spring out and capture the misbehaving and the disobedient. The superstitions and fears thus inculcated easily took firm hold, though in a vague form, on the mind of the naturally gay, mischievous, and gentle but highly impressionable child, endowed with a fancy for and love of the mysterious, but not with a strength of intelligence and will capable of counteracting these emotions.

In spite, then, of the fact that our patient's life was surrounded by many happy influences, it is certain that she grew up in an atmosphere charged with restriction, mystery, and fear, and with increasing feelings of criticism and suspicion towards her father, with reference to whom, like every other child, she must have felt originally sentiments of affectionateness as object of her first heterosexual desires.

I think it also of great importance that two distinct trends were present in her disposition as a child, and have been present ever since, which were antagonistic to each other and formed a part of the basis of her illness. On the one hand she was exceedingly gay, light-hearted, affectionate, trustful, inclined to assume the world simple and her conditions desirable, and inclined, also, within narrow limits, to be enterprising and a leader among her companions. On the other hand she was timid, superstitious, eminently dependent, and often unhappy; but these latter qualities were repressed in the interests of care-freeness and pleasure-seeking, and hence, in part, arose the conflict, which she would give voice to by saying at one time that her childhood was happy, at another that it was unhappy.

Her principal phobia as a child was with reference to death, and this became, even at a very early period, exceedingly strong. She connected this fear with the death of this or that person among her relatives; but I believe, on

evidence furnished by many other cases, its main root was a very deep one (having to do with vague ideas of the origin of life), and that so far as superficial roots were concerned, the principal one was a fear of the death of her mother, who, in consequence of the father's apathy and subsequent paralysis, became very early the mainstay of the family. Whatever other connotations it may have had — and I believe there were several of importance — the death of her mother meant separation, parting, coming to an end, like that symbolized by the posting of her letters and the paying of her fares. This phobia of parting had two other roots, one symbolic, the other real. The former or symbolic parting was that involved in the movements of the bowels — the parting with the feces, *i. e.*, with the most useless thing — and its meaning is perhaps made clearest if one draws a ratio, imagining her to say, "If parting even from this utterly worthless thing seems serious, then how much more other sorts of parting the possibility of which I dimly feel."[1]

The second fear of parting which seemed to me (and to her) significant was the parting from her own childhood. This was a prolonged and constant dread; and if her childhood itself, as now remembered, was partly happy, it was partly also very unhappy, and this very unhappiness became an element of intensification of the distress of the idea of parting — important because illogical. The old dictum of Thomas Aquinas, "*Credo quia impossibile*," which has so often been derided by persons who did not grasp its psychological significance, is applicable here. That which we cannot justify ourselves for feeling strongly about, but which nevertheless we do feel strongly about, has a peculiar influence on us which only a deep-going analysis can explain.

This fear of parting from her childhood was further strengthened, some years later, by an influence drawn from her strong maternal complex. It is, namely, highly probable that just as her fear of parting with the feces doubtless connected itself with other elements of an anal complex, so the additional fear of what would happen to them when her mother should die must have woven itself into her death-fear-complex, and into her superstitious dread and love of

[1] I say nothing of the possibility of an infantile rectal birth-fantasy.

mystery in every form, as indicated by her love of fairy stories and her dread of the malicious goblin behind the entry door.

But, I repeat, these dreads, and many more, were largely repressed in the interest of her love of gayety and of light-heartedness.

When the patient was about ten years old these fears became complicated with another which is of peculiar significance, and which, although it passed away after a year or so, formed one element in an unbroken chain or network of phobias that stretches from her infancy to the present day. This was a fear that she should get up in the night and, without realizing it, should swallow pins. The interpretation of this fear as a coitus-fear, at least in part, which is of so well recognized a sort that it has received the name of "Spitzenfurcht," becomes clearer through a consideration of other facts.

In the first place, she had already been in the stage of sexual curiosity, and had asked her mother with reference to certain statements which another girl had made to her. Her mother did not treat her curiosity with contempt, but gave her very little information. She thinks that this little satisfied her, just as she thinks that the whole subject of the sexual life had very little interest for her,— a belief with regard to herself in which it became clear later that she was wrong, as she was with regard to the belief which she at first entertained that her childhood was uninterruptedly happy.

The significance of the "Spitzenfurcht" as a sexual symbol is further brought out by the fact that she well remembers herself and her sister being chased, on more than one occasion, by a dirty-minded boy of their acquaintance, who ran after them, with his genitals exposed, partly trying, partly threatening to try to pass water over them, an experience which must, in my judgment, have been strongly intensified, a number of years later, by a sudden apparition of an exhibitionist, who exposed himself before her on a lonely hillside. This latter experience had, of course, no relation to the "Spitzenfurcht" of her early youth, but both sets of events worked together, as I believe, toward the formation of her later fears. Certain pranks that she played with her

sisters, in which the passing of urine figured as a sport, should also be mentioned in this connection.

It is of further interest to note that at this same period of childhood the patient suffered greatly through several successive years, especially in the springtime, from pinworms, a form of irritation which she learned greatly to dread, the more so that the stern disciplinary methods of her nurse kept her, to some extent, from getting the relief which might have been afforded her, though in the end she usually had rectal injections, which did much good.

The fear of the pin-swallowing followed immediately on the pinworm period; but whether it was due to it, or whether the rectal irritation was communicated to the vagina, and then, by links of association such as have been clearly made out for other cases, a mysterious and vague, but strong emotional grouping of the two sets of experiences occurred, I cannot positively say. My surmises are affirmatory, and those who have become familiar with the educational effectiveness of the child's fancy, those who have learned to know to what an extent a child builds his unseen world of materials which are absolutely discarded at a later period, will admit the value of the inference.

I would say also that I have rarely, if ever, seen a patient who was so successful as this one in cloaking from herself the rich and abundant subconscious fancies of her now repressed life, under the peculiarly effective disguise of an apparently complete frankness. The comprehension of this fact, which, of course, accounts largely for her continued illness, is so important to the theory of her symptoms that I will anticipate the later portion of the story to the extent of referring to two dreams of many years afterwards.

This was one of the so-called "insufficiently dressed" dreams which in one or another form are so extremely common. It may be that the lapse from propriety consists only in the absence of a collar or a tie; or it may be that the dreamer finds himself in a ball-room attired in a nightdress. The meaning is, up to a certain point, the same; that is, the dream represents a reversion to the pleasures of one's nursery days, when running about with insufficient clothing was in order, and at the same time a hint that those pleasures, in-

nocent as they were, depended partly for their charm on exhibiting one's self and gazing curiously at others. In other words, such dreams show, what we ought in the interests of human sympathy to recognize, that between ourselves and those whom we stigmatize as "exhibitionists," and, therefore, criminals, the difference, important as it is, is one of degree alone.

Sometimes these "insufficiently dressed" dreams go much beyond a simple hinting at the nursery period of childhood, and give evidence of the existence of emotions and feelings on the dreamer's part, which, although still unconscious, demonstrate the presence of real exhibitional instincts of a well-marked type.

Such was the case with this patient, in spite of the fact that in her self-deceiving frankness she denied, at first, all interest in such matters. She dreamed, in brief, that she, then a woman grown, was taking a bath in a public street, in a tub which was placed not only in the view of all beholders, but, suggestively enough, in the gutter of the street. I talked this dream over with Professor Freud, and he asserted confidently that it could have but one meaning, namely, that the patient's unconscious, repressed sexual cravings were so strong that she was, as it were, whispering to herself that she would go any length to gratify them. In other words, this dream was a so-called prostitute-dream. I could mention several of her dreams, of like character, but this example may suffice to indicate how widely the unconscious portion of her life differed from the conscious portion, and to justify us in inferring the same origin for her symptoms with that which the accumulation of evidence has made probable for all such symptoms as she presents.

It will have become obvious that the thesis which I am defending is that the fears from which this patient suffered in her childhood (of which the fear of death, the fear of pin-swallowing, the fear represented by her superstitious dread of the goblins, and the fear of parting with her youth were samples), and also the many distresses with reference to her father, who was bound to her by the ties of a first love, were essentially fears of herself, fears of her own emotions — felt, but misunderstood and repressed — which already made it

vaguely evident to her that she was in the grip of a set of strong tendencies of thought and action, the origin of which was beyond her ken.

I have intended, furthermore, to make it clear that, in my opinion, these tendencies were really based on the stirring within her of her sexual nature, which I believe to be and to have been, not slightly developed, as she at first thought, but strongly developed, as indicated by the dream alluded to. I believe also that all her fears have, in general terms, a common partial basis, and are interwoven with one another. It is now well known to those who have studied into such symptoms from this standpoint, that one of the causes of the fear of going about alone, from which this patient suffers, is typified by the conscious fear of a person exposing himself to a temptation — say a drunkard — namely, a fear of yielding. This is closely related to a morbid tendency to cling for protection to one's nest, one's home, to familiar surroundings,— in a last analysis, to one's mother. "How shall I reach my decisions alone? How shall I arrive alone at the hardest of decisions, that, namely, which implies the resisting of strong temptations, temptations not manifest and acknowledged, but felt only as emotional distress?" But temptations are imposed really by ourselves, and the dream referred to hints at the general character of some of these.

I have no desire to deny any well-grounded evidence that there may be other causes of morbid fear than those which I have mentioned. Fear may be primitive and natural; it may point back even to ante-human ancestral experiences. I would only emphasize the necessity of great caution in asserting the "primitive" nature, even of instincts, and would call attention to the fact that just as a chicken has, after all, to learn to peck for food,[1] so each child, in one sense, may have to learn through experience to fear, and learns this largely through grappling with repressed emotions of desire, which is, I believe, to be understood as corresponding to a vital impulse of expansion, more fundamental than fear, though ready to express itself as fear.

[1] I refer to certain experiments indicating that chickens, if carefully fed from the very outset, do not necessarily peck; in other words, that even instincts are in a sense acquired.

One other, seemingly trivial, experience of her early childhood may also be referred to, because it bears out this view and helps to illustrate the important contrast between this patient's repressed inner life and her ostensibly unified outward life, which the inner life was systematically deceiving by a sort of elaborate confidence game. Among a number of obnoxious regulations imposed upon her by her devoted but unpractical mother and her stern, repressive nurse, one of the most obnoxious was that of wearing certain rough, heavy woolen underclothes which she detested, and found hot and uncomfortable. Her objection to these garments, which at first seemed of this purely superficial sort, was, however, as I found on close inquiry, based on something more than the reasons given. It amounted to a horror, and the admission was finally made that this was due partly to the fact that they gave rise to sexual irritation, of a vague sort. In other words they excited a species of masturbatory craving which was too strong to be agreeable.

I have dwelt on these half-forgotten incidents of childhood because of their value as at once illustrating the nature of the forces that were at work, and as accentuating on specific lines the action of these forces.

The remainder of the history, although more dramatic, can be passed over much more rapidly. What may be called her second period, that of pre-adolescence, was passed quietly in Europe, with congenial studies and simple sociability, and with more or less of admiration, which she loved. The principal drawbacks were a long illness of the father, who had become paralytic on the left side and was a great care, and the strain on the mother which this and their relative poverty involved, and finally the anxiety lest the mother's health would fail. During this period she suffered from a prolonged diarrhœa, for which I suggest an emotional origin.

The first "train-fear" occurred at the time of parting from this pleasant life, made necessary by the mother's illness,— a parting like that from her first childhood.

The third period was a very significant and important one. Social life was over, but not the longing for its repetition, and the deeper cravings underlying this longing. A

limited income made it necessary for them to accept the chance of occupying a house on a relatively remote hilltop, just near enough to the city to enable them to see opportunities of which they could not take advantage. The father's hemiplegia had become complicated by the epileptic seizures, involving mainly the left side, and these the patient witnessed, and dreaded for herself, the more so for seeing in herself her father's child, and in him one of the first objects of her intense subconscious love; later, of antipathy and scorn. For seven years he slowly moved towards the final parting of death, and his death was longed for by his family as the only solution possible.

This situation, in which the dread induced by her father's long-standing paralysis and recurrent convulsions, and the vision of his slowly approaching death (which at the very last came so slowly that he seemed for days alive in death) was mingled with her own longing for freedom and a wider life, was intensified during this same period by two similar events.

In the first place, two paternal aunts who had lived with them, and towards whom the patient had entertained feelings of very mixed sorts, likewise died very lingering and distressing deaths; and much the same was true of the mother, who had finally become paralyzed like the father.

With the death of all these relatives, what might be called a third period opened for our patient. She and her sister were now somewhat more free to follow their inclinations, and somewhat better off financially, though still a little pinched. Psychologically, however, the situation did not improve, but, on the contrary, tended to grow worse. The patient had never been a mentally unified person. She did not know herself, but was torn by cravings which she could not understand, and every new opportunity or responsibility only accentuated the breach between the conscious and the unconscious portions of her life. The phobias, which from now on gradually increased, and the compulsions which became associated with them, symbolized the conflict between her craving — some elements of which had been long and carefully repressed — for protection, for marriage, for a home, for social success, and for

social intercourse suited to her kindly and peace-loving disposition, and the necessity of adjusting herself to quite a different state of things. She felt herself moving towards an age when marriage would be impossible, and yet her dreams demonstrated clearly that marriage was biologically, as well as socially, a strong need. She saw herself parting from her adolescence and early middle life as she had parted from her childhood.

The images of life which many painful experiences, here only hinted at, had raised before her, as if in mockery of her imagined pleasures and activities, were those of disappointment, passivity, renunciation, and slow death, affecting primarily her father, with whom she, psychologically, was identified. She had not the moral and mental force (which is little to be wondered at) to make for herself a new world suited to her best and real powers, and went on making unconscious, cramp-like attempts to substitute a world of fancy for a world of reality.

Her dependence, illustrated later by remarkably intense unconscious and instinctive grasping for the protection and affection for her physicians, had its root in early parental fixations, and was fostered by the necessity of helpless struggling against many and various adversities.

All these conflicts were typified in her dream-like phobias and compulsions. The streets that she longed to cross, but could not; the papers and pins which she accumulated; the failure of air which overwhelmed her; her inability to travel by herself; her fear of parting even with a letter or a fare,—all serve as so many pictures of longings and cravings, of a shrinking from instincts too strong to be assimilated, of the dread of the future foreshadowed in her father's life. The left-sidedness of her nightmare terrors symbolizes, in probability, not alone her memory of her father's hemiplegia and the convulsions which she so dreaded to witness, but also the *sinister* tendency of her own fancy of evil.

Certain of her most striking symptoms were ushered in, about eight years ago, by a prolonged attack of jaundice. It is easy to assert that this was the cause of nervous symptoms, but my observation in a number of striking cases leads

me to believe that it is of less importance as a cause than as a result of these conditions.

There is one point to which I have referred in the above remarks which I think cannot too strongly be accentuated, namely, that in my view, however primitive the emotion of fear may seem, it is, nevertheless, probably secondary to desire; and if we assume, as I positively do, that evolution, whether of the individual or of the race, depends upon the tension of a vital impulse, it is obvious that this tension is, in general terms, making for progress. If we express it in the terms of consciousness, it is equivalent to desire.[1] Of course, as every one knows who has studied the gradual formation of any given fear, the secondary element of distress comes more and more into the foreground as time goes on, while the element of desire is liable to recede into the background.

A case illustrative of these points, in a form previously somewhat new to me, has very recently come to my attention.

A lady who in her youth suffered terribly from compulsions of certain sorts — related to so-called over-conscientiousness — used to fear continually that some harm would come to her mother, and used to ask her mother twenty times a day if she thought she would live until the morrow, and to follow her in the street with the same anxiety. The asking of these questions was a delicious torment to herself, and an unmitigated torment to her mother. For some time the patient was unable to recognize the fact that this torment on her part could be expressible in terms of wish. After a while, however, she said that she well remembered an older friend saying to her on one of these occasions, "I verily believe that it would be a great relief to you if you could know that your mother had died." This she herself admitted, and then on further thinking of the matter it became apparent that what really was at stake, and had been at stake since the beginning, was her own inward tension, expressible in terms of a craving with relation to her mother, which could not find sufficiently strong expression except in some terms that should picture

[1] Or the two may have polar relationship, as Dr. Van Teslaar has suggested.

her mother in a condition of suffering. This intense craving was obviously at first pleasurable, if one grasps the full meaning of the word "pleasure"; but it became gradually an intense pain.

The patient herself furnished several other instances illustrating the same principle. Thus, looking at a workman on the upper part of a building opposite to where we stood, she said that she was aware of a painful tension lest he should fall, and added that if he should fall the relief of that tension would bring her a certain satisfaction, a satisfaction in which, obviously, the workman himself could hardly share.

In brief, then, I believe that this case is one of mixed psychoneurotic tendencies which is best explained in accordance with the doctrines first clearly enunciated by Sigmund Freud, taken in conjunction with certain philosophic reasonings which I believe to accompany instinctively every mental act. So far as the former doctrines are concerned, I believe that she acquired in early childhood certain longings or cravings, misunderstood and soon repressed, which reflected a number of autoerotic sensations, classifiable in general terms as sexual or erotic, and leanings towards her parents, for which the same classification is applicable. In the fears and attempts at adaptation of her later life, these deep, unsatisfied, and unconscious cravings formed an element too strong to be overlooked or mastered, yet never thoroughly assimilated. She "feared" her own misunderstood desires, inherited from infancy, and adopted imperfect means of compensation for the internal conflicts to which these fears gave rise.

The inner cravings, rooted in infancy, which make some persons criminals or perverts, made her an invalid.

PROCEEDINGS OF THE AMERICAN PSYCHO-PATHOLOGICAL ASSOCIATION, MAY 29, 1912

The third annual meeting was called to order by the President, Dr. Adolf Meyer of Baltimore, Md., at the State Psychopathic Hospital, Boston.

Dr. Adolf Meyer delivered the Presidential Address.[1]

Dr. Morton Prince presented a paper entitled "The Meaning of Ideas as Determined by Unconscious Settings."

Dr. James J. Putnam and Dr. Morton Prince contributed a symposium on "A Clinical Study of a Case of Phobia."[2]

The last three papers were the subject of the discussion.

DISCUSSION

DR. E. W. TAYLOR, Boston: I am glad to say a few words about this patient, particularly since her history is known by various physicians who are present. She has consulted a number of neurologists in Boston, and in each instance has followed out the treatment prescribed with great faithfulness. She is an unusually open-minded woman, not so defensive in my judgment as Dr. Putnam seems inclined to assume. She spoke with great candor and always with loyalty of the various doctors with whom she had had dealings. She appreciated their efforts in her behalf, and also their failures, and in general was keen in her analysis of methods. From this standpoint, therefore, her impressions were interesting and of value.

I may say at the outset, without implying the slightest disparagement of the methods used, that the so-called psychoanalytic method as practised by the followers of Freud did not appeal to her. That does not prove in the slightest degree that the method might not have led to improvement or actual cure, but the fact remains that Dr. Putnam's

[1] To be published in the next number of the JOURNAL.

[2] Printed in this number.

analysis, in which she tried her utmost to co-operate, did not lead to improvement of the fundamental disturbances. It is, of course, altogether possible that she could not be reached through psychoanalysis, and again I repeat that the failure should not be regarded as a disparagement of the method. The fact is stated simply as an interesting point in this discussion. I cannot now go into what she said of other methods. She was apparently benefited in some degree by all to whom she went, and found in each man's method something of practical value. When Dr. Prince states that she derived more benefit from the Emmanuel treatment than from any other, he perhaps does not state the fact exactly in its proper light. It was rather the employment which she had while undergoing this treatment than the psychological elements in the treatment itself from which she derived benefit.

Without entering too much into detail, she appeared to be one of that large class suffering from the fundamental inherent fears, which I believe we all have. I refer to the instinct of self-preservation, which otherwise expressed means the fear of death and secondarily the fear of insanity, as Sidis among others has pointed out. In my judgment, every one, when he reaches self-consciousness, has an inherent fear of mental alienation, secondary only to the natural instinct of self-preservation. In this patient both of these factors came out very distinctly.

My method with her was, and she was good enough to say it was beneficial, simply a painstaking elucidation of the significance of these attacks and of their bearing upon the peculiar fears which she had developed. I did not go into the aspects of the case that Dr. Putnam has developed, because I knew that had been thoroughly done. The investigation of the nature of her fears, especially the extraordinary one of the unreality of air, I went into with extreme care, without using hypnosis, with the general result that she was able to take a more rational view of her condition, and to lead a distinctly more normal life. That of course must be regarded merely as the first step in the mental cure. The second, and in many ways the more important, is the application of such theoretical considerations to her actual

life. This was brought about by an insistence on employment and activity, which with some backsliding she has faithfully prosecuted. The general result was that she was able to discard many of her fears, although she showed a strong tendency to develop others. It seemed to me distinctly that it was not necessary and not profitable to apply the sex idea. I am quite willing to be convinced if I am wrong, but my present conviction is that more could be gained in this case by an appeal to other elements in the situation, and this in my judgment was borne out by her progress toward improvement.

Dr. James J. Putnam called attention to the fact that Dr. Prince, in his paper, referred more than once to the patient as saying, "Now I understand. I never thought of that before." Dr. Putnam said that in speaking to him the patient had used the same phrase a great many times. Referring to the psychoanalytic method, the patient repeatedly said, "I never before had any treatment which really made me understand myself and the nature of my trouble as this does."

Dr. Putnam said that he called attention to this point for no other reason than to illustrate the fact that the patient's frank manner, which she distinctly encouraged in herself, formed a sort of defence symptom. It is partly because she is so ready to adopt the view and attitude of the physician who is treating her that she deceives herself. Dr. Putnam said that during the spring, at the end of which she ceased her attendance with him, she appeared to be in many ways almost well, and many of her fears seemed to have disappeared. She was working and happy, and going about freely. Then came the prospect of the summer, when he was to go away, and she was to go away, and this brought out with intensity her need for protection, and induced a relapse of symptoms. In view of these facts, the judgment expressed by her to Dr. Taylor, that the psychoanalytic method had not helped her, should not be taken as of much importance.

Dr. E. W. Taylor, Boston: What Dr. Putnam has said is interesting in this connection, and I should say that the patient was glad to admit that her character had been

improved through an application of Freudian principles. Apparently she has made different statements to the various physicians who have treated her.

Dr. Isador H. Coriat, Boston: This patient was under my care for about a year, and I saw her frequently during that period, several times a week. When she first came to me the neurosis consisted principally of a fear of open and closed places, impulses to collect useless objects and a fear of losing her mind or fainting in public places where she would be seen. At first she did not dare to go around alone without a member of her family and a nurse accompanying her. The analysis of Dr. Prince in the light of what I know of the patient seemed to me to be perfectly applicable. While there may have been childhood conflicts which may have led up to and caused the psychoneurosis, I feel that the real starting point of her fears and unrealities was later than in childhood. My treatment with her consisted principally of re-education, of daily routine, and later of hypnosis in order to bring about, as Dr. Prince has stated, a new psychological setting. I tried to substitute for the fears and unrealities a feeling of self-reliance, of confidence, and to establish the realities of things about her.

Dr. B. Onuf, New York: I think this is an extremely suggestive and interesting subject which has been presented in an extremely suggestive manner, and having had one case that had many similar features, I beg leave to say a few words on the mechanisms observed in it. I suppose if more cases were studied they would all be shown to have many features in common. One thing that struck me in my case was the extreme systematization of the ideas which I see was also present in the case of Dr. Prince and Dr. Putnam. This systematization is so marked that it has a great deal of similarity with the systematization of a paranoiac. The question is, what gives this systematization? I think it is simply this, that all these ideas as they develop from each other have some element in common, an emotional element, namely, a feeling of wrongdoing, a feeling, however, that the patient is not conscious of, denying its existence strenuously. In my case there were some very remarkable features, such as this absolute denial of things that seemed

to be absolutely apparent on the surface. It seemed to me that the denial of the wrongfulness of her conduct allowed the patient to persist in it, but gave rise to obsessing fears and compulsive actions taking the place of the conscious wrong feeling. In this case a history of masturbation was present, which dated back to childhood, and the patient persistently refused to believe that when she masturbated she did anything wrong, and I demonstrated to her that in her actions she gave proof of being aware somehow that in masturbating she did something not approved of, because she maintained the greatest secrecy in the performance of the act, and I think that this very fact proved her being in some way aware of the wrongfulness of it. The very interesting fact was revealed that she practised the act at night while in her bed, which she was always sharing with her sister. Yet her sister knew nothing about it. She must, therefore, have used extreme precautions to keep the knowledge of her masturbation from this sister. One of patient's obsessions was a fear of light, and she had this fear at night, but only after she had retired to bed. This I explained on the basis that she was, without acknowledging it to herself, extremely afraid of the light because of the discovery of the act of masturbation which the unexpected appearance of the light might bring on at any moment.

Dr. James J. Putnam, Boston: I considered the possibility of hidden masturbation because I thought that also important. I did not speak of it at length because I wanted to avoid taking time. There was, however, evidence not indeed of that habit, but of kindred tendencies.

Dr. Brill, New York: In the time at our disposal it would be impossible to make an effort to interpret the facts given. I was pleased with the interpretations given by Drs. Prince and Putnam and was very interested in the remarks made by Drs. Taylor and Coriat. However, the question to be answered is why the patient is not cured. From the facts presented we deal with an unmarried woman, and in my experience such patients are very difficult to manage. The trouble lies in the unrequited libido. We know from our psychoanalytic work that the symptoms are substitutive gratifications of a repressed sexuality, and to

cure such patients they must get some psychic or physical substitute, *e. g.*, "sublimation." Moreover, those who know the mechanim of transference will understand why the patient felt well while she was under the care of the different phsyicians, and why she relapsed as soon as she was left to herself. That would also account for the contradictory statements she made to Drs. Putnam and Taylor. Considering the case from this viewpoint, we can also understand why she is feeling better now. Her work affords her some sublimation.

DR. EMERSON, Boston: It may be well that for a moment we should forget the concrete woman. I personally do not know her, never heard of her before. Although Dr. Prince said his facts were different, I fail to see any difference. He had seen exactly the same facts. The only difference one could speak of is concerning the presentation of the facts. Dr. Prince has given us a photographic description of the case. Dr. Putnam presented them more concretely. Then the question is, what brought about these facts? The difference between Dr. Putnam and Dr. Prince is a difference of causation. It is like attempting to explain the movements of a steam engine by describing the movements of the piston rod which makes the wheels move and that makes other wheels move. From my point of view that would be no explanation of the *cause* of the moving of the car. Dr. Putnam took us to a deeper level, the level of instinctive impulses. The discussion centers around the same facts, but the explanation of these facts is different. I do not see any necessary conflict at all.

DR. L. PIERCE CLARK, New York City: I, too, agree with Dr. Brill that all the explanations and analyses in this case are along the right line. Dr. Prince's explanation is what one might call the obvious content of the anxiety state, but Dr. Putnam has gone deeper into the sexual constitution and its make-up; his analysis is therefore more preferable. It may be possible for us in the near future to understand the heredity laws in such a way that we can indicate what psychic traits are composing the sexual or neuropathic constitution. It may be therapeutically nihilistic for us to know this, but it will certainly clarify our understanding of the derivation soil of the frankly established psychoneuroses.

Dr. Ernest Jones, Toronto: In my opinion such a symposium as this would be much more fruitful if the subject matter could be narrowed to a few definite points instead of, as here, being extended over the whole field of the neuroses and of psychotherapeutics. As I urged in the discussion last year, the most advantageous way of approaching the problem of the anxiety states is to take the simpler forms first, those characterized by predominantly somatic disturbances. The present case, on the contrary, is clearly one of a mixed neurosis, a mixture of anxiety hysteria, anxiety neurosis, and obsessional neurosis.

In regard to the main symptom in the case under discussion, the fear of insanity and death, we all seem agreed that the explanation of it given by Dr. Prince is correct so far as it goes, but many of us think that it is incomplete. Roughly put, it is that the prominence of this fear is due to certain mental experiences in reference to it that the patient had gone through earlier in life. These experiences were almost normal ones, they are at all events very frequent and banal, and Dr. Taylor goes so far as to say that the fear itself is a normal one. Why then does the patient suffer? It is surely obvious that there is here no adequate answer to this plain question. Psychoanalytic experience, on the other hand, provides an adequate explanation of the suffering. It shows that the ideas in question are connected with and symbolize other deeper ideas and unsatisfied cravings, the influence of which the patient has every right to fear. The intensity of the morbid fear is entirely justified, but the affect has been displaced from its true source on to an associated one, the origin of it being thus concealed.

Dr. Tom A. Williams, Washington, D. C.: In regard to the explanation of the fear of air, it was obvious, and I am surprised that no one mentioned it (that is by the Freudian process), that she desires something that is signified by air. In regard to her phobias, there are two: one type which is merely induced, which may or may not have been induced in this case by peculiar complexes, and the other, the fear of herself, which is common among women. These are two distinct forms of fear reaction which may be induced far back in childhood.

Dr. Adolf Meyer, Baltimore, Md.: I am decidedly gratified by the course of this discussion. It is bound to bring out different manners of picturing and understanding cases excelling either in the direction of accuracy of detail, in what Dr. Emerson calls the mere photographic description, or in the direction of analysis, which gets more at the fundamental things with which we must learn to cope if we want to obtain useful conceptions of orthobiosis.

Dr. Morton Prince, Boston: First as to what Dr. Taylor has said regarding the fear of insanity being universal. I would not be willing to accept this statement in a sense that is germane to the question at issue. Even if there is a universal aversion to insanity, which is all that can be meant by it, this is not a fear that a person *will be* insane. The point is whether a fear of becoming insane had entered through various experiences of life into a complex, had become so constellated with these experiences that they determined her perception of herself as an insane person. I think that is fundamental to my conception of this sort of a case.

Dr. Brill says that "we know" the main difficulty in phobia is ungratified libido. That is only a priori reasoning and begging the question. It is one of the questions at issue. From the data elicited in this particular case I maintain there is no evidence for it and we do not "know" it. The object of this symposium is to deal with the evidence offered by a concrete case. If any facts had been brought out to show ungratified libido as a causal factor, we could accept the theory. Otherwise this is a priori reasoning applied to particular case; to this I take exception. There have not been any facts brought out here to show such a fundamental cause. I have failed to find them. I may be wrong, but as I have elicited and studied the facts in this case and as Dr. Putnam has given them from his point of view, I have failed to see any evidence for such a conclusion. Nor do I find that my experience agrees with that of Dr. Brill when he states that unmarried women are more difficult to cure. I do not find it so. At this moment I find no difficulty in recalling a number of unmarried women who were cured without any greater difficulty than were the married women.

Dr. Emerson said that he could not see any difference between the facts elicited by Dr. Putnam and those by me. It seems to me that there is a marked difference. A fact I brought out, one of primary importance, was the real object of the patient's phobia, namely, insanity and not the feeling of unreality assumed by Dr. Putnam, It is essential when attacking a problem of this kind that we should understand what the real object of the fear is. How can we determine the psychogenesis of a phobia unless we first determine the object of the phobia? Of course, if we start with the a priori principle that the fundamental factor is libido, why then, I suppose, the exact object of fear is of secondary importance.

If the object of the idea is insanity or death we want to know the setting that gives the meaning to the idea. I think also it is a different set of facts that I present when I go back to a series of experiences which form the settings and give the meanings to her ideas of death and insanity. Perhaps they are not necessary facts, but that they are a different set of facts from those of Dr. Putnam seems to me an obvious proposition.

Now a word as to my conception of the unconscious. I conceive the unconscious not as a wild, unbridled, conscienceless subconscious mind, as do some Freudians, ready to take advantage of an unguarded moment to strike down, to drown, to kill, after the manner of an evil genii, but as a great mental mechanism which takes part in an orderly, logical way in all the processes of daily life, but which, under certain conditions involving particularly the emotion-instincts, becomes disordered or perverted. We think that in everyday life we consciously do the whole of our thinking; but I am inclined to think that our unconscious self does most of our thinking, and that we simply select from the ideas furnished by the unconscious those which we believe are best adapted to the situation; that our problems are much more solved by the unconscious than by the conscious. I regard the normal unconscious as a logical, orderly mind, playing an important part in everyday life. Therefore, as I see it, this conception of unconscious ideas is fundamental, and not the libido, although the instincts

play a tremendous rôle in carrying, by the force of their conative impulses, ideas to fruition and setting up conflicts between opposing ideas with resulting disharmony.

Dr. James J. Putnam, Boston: It is very plain to me that the real discussion to-day, although it is supposed to hinge particularly on the facts presented by this patient, must in reality take into account, both on Dr. Prince's part and mine, a number of pieces of evidence and general conclusions derived from numerous other cases observed and studied by ourselves and described by others. If one was obliged to rely upon the evidences of this case alone, it might be very slight and inconclusive. This is particularly true as regards the symptoms observed during the patient's childhood, which I should classify as "sex" symptoms, assuming that word to be understood in the proper sense, and leaving out of consideration for the moment certain philosophic presuppositions which I believe to be present in every person's mind.

The patient considered herself originally as free from any particular sex feelings, and made that impression, I think, on most of her physicians. The point is that she did not, and could not, take into consideration the repressed elements in the longings and cravings and fears which she has had to deal with in abundance.

The other kinds and pieces of evidence to which I have alluded, if I could present them here, would show clearly, I believe, that if these repressed elements could be revealed in their full intensity, what I say would prove to be correct. The very striking dream to which I have referred, and others of like character, should be taken as an indication of this sort, and this meaning should be attached, at least in part, to her early idea of death, then to her fear of swallowing pins, to her fear of parting from her childhood, parting from her mother, parting from letters, and parting even from her excretions.

One great difficulty in treatment is that the patient longed for protection and a home, which should reproduce in the best sense the home and protection of her childhood. But these benefits we cannot give her, and so she strives after a substitute for them, by leaning first on this person,

now on that, and by unconsciously cultivating a series of phobias in which her longings are negatively represented.

Dr. Adolf Meyer, Baltimore, Md.: It goes without saying that we have been confronted with the fact that two perfectly honest observers can come forward, one with the statement that there is no libido in the case, and another bringing a mass of material to the front which I think we can safely leave to the audience to pass on. It ought to be perfectly plain that there are various levels and directions of penetration and special advantages to be derived from them for practical purposes. Whether one takes the undercurrents or goes specifically into the details which lie on the surface, the net result after all depends on a correct biological understanding of the facts.

Dr. Morton Prince, Boston: I wish to state that this case was never, properly speaking, under my care and treatment. I simply saw her for the purposes of study and diagnosis and turned her over to another physician.

ABSTRACTS

Die affektepileptischen Anfälle der Neuropathen und psychopathen (The Epileptic Attacks of Affective Origin in Neuropaths and Psychopaths). *By Oberarzt, Dr. Bratz. Monatschrift für Psychiatrie und Neurologie.* Bd. XXIV, H. 1 und 2. January–February, 1911.

Ueber Affektepileptische Anfälle bei Psychopathen (Affective Epileptic Attacks in Psychopaths). *By Oberarzt, Dr. Stallman. Allgemeine Zeitschrift für Psychiatrie.* Bd. LXVIII, H. 6. 1911.

Nicht-Epileptische Absenzen im Kindesalter. *By M. Friedmann. Abstract in Allgemeine Zeitschrift für Psychiatrie.* B. LXVIII, H. 6. 1911.

The articles deal with epileptoid attacks of affective origin occurring in early criminals and unstable degenerates. These attacks are similar to true epileptic seizures, but are differentiated from them by the facts that there is no mental deterioration following, that the attacks occur as episodes and are caused by some external stimulus, especially by mental excitement. The attacks may take the form of a vertigo, unconsciousness, or psychic equivalents, but attacks of petit mal do not occur.

Convulsive seizures resembling grand mal attacks occur, but are rare. In these cases there are the symptoms of an epileptic attack, convulsions, biting of the tongue, pupillary rigidity, etc.

There is still a smaller number of psychopaths who for years suffer from episodical epileptic-like attacks. When these patients are put into a quiet environment the attacks cease. These patients are usually badly tainted hereditarily, are emotionally unstable, and when they come into contact with the environment develop an increased excitability, thus leading to the affect-epileptic attacks.

Petit mal attacks, which are characteristic of true epilepsy, do not occur in these psychopaths.

Many authors have described different forms of attacks of vertigo or dizziness in the constitutionally nervous. The patients complain of a sensation of dizziness in the head, of a sensation as if they were looking through a veil, or as if everything was widely distant. The same patient may experience a great variety of such attacks.

A sharp distinction between an attack of vertigo and one of fainting is not always possible when only a single attack occurs. The author gives a summary of a case in which besides the fainting

attacks there were also so-called narcoleptic attacks. Of these latter there are two varieties: first, a true sleep coming on after mental excitement; and, secondly, abortive narcoleptic attacks in which the patient falls asleep for a few minutes but does not lose consciousness. A patient of Friedmann's became weak in the legs after a strong emotion. A case illustrating both varieties is given. In this case one of the most severe attacks of sleep or unconsciousness occurred immediately after the patient had shot his bride. Other, light attacks occurred when he had a tooth pulled or when he saw blood.

Periods of hallucinatory confusion and twilight states are, in the author's experience, of short duration, one-half hour to a few days, among the psychopaths. The disturbance of consciousness was not deep and the patients reacted to external stimuli. Contrary to the findings in epileptic twilight states in which the attacks are most frequent, after grand or petit mal seizures, the attacks in psychopaths occur most frequently without preceding convulsive or fainting seizures. The onset was sudden, vertiginous attacks seldom preceding or accompanying them.

In the author's experience attacks of depression leading to suicidal attempts are more frequent among these psychopaths than among epileptics. About one-third of his cases have made one or more attempts at self-destruction. On several occasions these attempts were the reason for committing the patient. Occasionally the patients have attacks of anger and excitement, which may lead to attempts at suicide.

In collecting the histories of these patients the author finds that at the bottom of all the cases there is a psychopathic constitution. They do not attend school, remain away from home, many were detected in thefts or other offenses. In the institution it is seen that the ground for these offenses is the instability. Instability and an unsettled mental state were the chief phenomena noticed. The emotional life shows a dulling and indifference with some tendency to brutality which, with the lack of self-control and an over-irritability, easily leads to explosive outbursts. In many there was a mental weakness, an intellectual deficit, but in very few cases was there a marked imbecility. On the other hand, there were quite a few who could be called normal intellectually. Homosexual practices, onanism especially, were very frequent. Intellectual deterioration was not noted in any of these cases. Neither the rapid mental decay which is seen in epileptics between the ages of fourteen and twenty, nor the gradual deterioration which occurs in chronic alcoholics occurred.

Physically the patients almost always showed the symptoms of a congenital vasomotor neurasthenia. They were pale and the best treatment in the institution, with increase in weight, did not remove the pallor. Blood examinations showed no defect in the condition of the blood. Whenever the patient was a little excited, as in an interview with the physician, the pallor was succeeded by a blush. Sometimes the blushing and paleness alternated. Profuse sweating was also noted, but seldom over the whole body.

Frequently there was hypalgesia or analgesia of the skin. Sensibility to touch was always normal. The author has never found the pain sense destroyed over half the body or over one extremity.

Spasmophilic children frequently remain neuropaths when they become older. In these children the nervous irritability may be shown by the electrical reactions or by the mechanical over-excitability of the peripheral nerves and by the so-called Chvostek phenomenon. In testing the psychopathic and epileptic children with the two latter methods the author finds a markedly increased excitability in about half of the psychopaths and in only three out of twenty-eight epileptics. This shows that the so-called spasmophilic symptoms are much more frequent in the affect-epileptic psychopaths than in epileptics of the same age.

Various degenerative signs were found more frequently in the unstable psychopaths than in epileptics. General hypalgesia, which may be classed among the degenerative signs, was often seen. Hereditary taints were found in about eighty per cent of early epileptics as contrasted to ninety-six per cent of psychopaths. In many of these latter cases it was found that the father was psychopathic and alcoholic, or the father was alcoholic and the mother imbecile.

In the greater number of cases the only external cause was a long lasting emotional strain which was more effective in causing the attacks than fright or sudden anger. In a lesser number of cases physical disability may also cause an attack of affect-epilepsy, such as infectious diseases, heat, and even acute alcoholic intoxication.

The convulsive seizures of the psychopaths cannot be differentiated from genuine epileptic attacks. In both there is loss of consciousness, pupillary rigidity, jerking of all the limbs, biting of the tongue, and enuresis. But there are several distinguishing features. The seizures of the psychopaths are not so severe as in epileptics. Injuries are less frequent. The seizures are always single and status affect-epilepticus never occurs. Death has never

been noted in these cases. Enuresis and auræ occur less frequently than in true epilepsy. Petit mal attacks do not occur.

The attacks of vertigo are easily distinguished from petit mal attacks. When they increase to loss of consciousness we speak of fainting attacks. The majority of these attacks are of short duration. The last point of differentiation is their episodicity and the fact that they are dependent on some external cause. In many of the less severe cases the external causes are not so prominent as to be useful as differential points when used alone, but in all these cases the author was able to demonstrate the external cause.

The author does not attempt to prove that the affect-epileptic attacks occur only in the neuropaths and psychopaths, but quotes from the literature many articles dealing with similar phenomena occurring in other constitutional conditions, such as psychasthenia. Agoraphobia and obsessions as described by Westphal and the tics, anxiety states, phobias as described by Janet and Raymond, are examples. Oppenheim has described the affect-epileptic attacks as occurring in the neurasthenics or psychasthenics who suffer from phobias and obsessions, a different group than the unstable degenerates.

Alzheimer has noted the episodical character of the epileptic seizures in psychopathic children, especially at puberty, and remarks that the trouble has no relationship to genuine epilepsy, but stands nearer hysteria, from which, however, it can be differentiated. Spiller has noted that seizures occur in conditions other than epilepsy and hysteria.

From a review of the literature one may conclude that many writers have seen convulsive seizures of a typical epileptic character in neurasthenics, which are not epileptic and not hysterical. In the majority of cases, as far as one can tell from a history, there was an underlying psychopathic constitution.

There are several theories as to the causation of these attacks. Liebermeister says that swooning attacks occur in circulatory disorders from fright, anxiety, or similar mental shocks due to a contraction of the cerebral vessels or to an overfilling of the splanchnic vessels leading to a cerebral anæmia. Weber found that there was a constriction of the vessels of the brain following unpleasant affective experiences, which is related to a dilatation of the abdominal vessels.

In congenital neuropathic conditions this relation is disturbed, often reversed. From this the author concludes that the seizures in psychopaths have a definite relationship to the circulatory system and come from some disturbance of the circulation.

In conclusion one may say:

Episodical attacks occur in hereditarily tainted neuropaths or psychopaths of different kinds, in unstable psychopaths, in psychasthenics with obsessions, in hereditarily tainted, nervous children and in a number of cases of endogenous nervosity. These attacks occur usually in the first decade, are rare in the third decade, and are practically never present at the end of the fourth decade. The seizures are episodical, can occur singly or may persist for years and disappear without any deterioration noticeable in the patient.

Mental excitement, such as anger, sight of blood, etc., as well as physical causes, as infectious diseases, great heat, alcoholic excess; and in children, anæmia and autointoxication may cause these affect-epileptic attacks.

The attacks may be of very different kinds, such as, (1) grand mal, (2) attacks of dizziness (=vertigo), (3) fainting attacks, (4) severe narcoleptic attacks, (5) conditions with failure of the motor musculature (slight narcoleptic attacks), (6) psychic attacks (equivalents). The attacks differ from epilepsy in that the grand mal attacks do not lead to status epilepticus and death, petit mal attacks never occur, attacks of vertigo are frequent. The differential diagnosis from hysteria can only be made by long observation and through the absence of the physical and mental phenomena of hysteria. The affect-epileptic attacks stand nearer to hysterical than to epileptic seizures.

Stallman reports six cases in which there were typical epileptic seizures which were caused by some external stimulus, such as frustrated suicidal attempts or anger at being kept in the institution. In none of these cases was there any intellectual decay. The patients all lacked the physical and mental signs of hysteria, and the author thinks that in every case there was a more or less high grade vasomotor neurasthenia.

Friedmann found short "absences" in children, in which consciousness persists, but there is a momentary pause, an inability to move. The attacks occur after some excitement, such as a painful operation, the child stands motionless, gazes steadily upward. This lasts about ten to twenty seconds and the children know everything that passes about them. The attacks are repeated often, sometimes ten to forty times. The trouble is characterized by very short attacks, consciousness is retained, the duration of the whole trouble is rather long, but the development of the child is not hindered. Bromides have no effect on the frequency of the attacks.

The basis of the trouble is not yet clearly demonstrated. In adults the relationship of the attacks to neurasthenia is fairly well

proven, but in children neither neurasthenia nor hysteria can be definitely said to be the cause.

CHARLES RICKSHER.

A NOTE ON THE CONSCIOUSNESS OF SELF. *By E. B. Titchener. American Journal of Psychology.* Vol. XXII, No. 4, October, 1911. Pp. 540–552.

A number of observers trained in systematic experimental introspection at Cornell University were asked to answer certain definite questions pertaining to the nature of self-consciousness. The first question relates to the continuity or intermittence of the experience of self. On this point Titchener's own testimony is to the effect that "the conscious self, while it can always be constructed by a voluntary effort, is of comparatively rare occurrence,"[1] and Wundt writes in a similar vein, as when he states that the expression "'forgetfulness of self' . . . is misleading, in as far as it is prompted by the tendency to consider reference to the subject as the normal . . . state of affairs." On the other hand, Calkins writes, "I am always, inattentively or attentively, conscious of the private, personal object, myself, whatever the other object of my consciousness"; and referring to the "material" self James states, "We feel the whole entire mass of our body all the while, it gives us an increasing sense of personal existence."

The question was formulated around the quotation, "I am always, inattentively or attentively, *conscious of myself*, whatever the other objects of my consciousness," in two parts, as follows: "Is this statement true, as a matter of experience, (a) in everyday life, (b) in the introspective exercises of the laboratory?"

The replies obtained by Titchener from his students show differences of introspective ability, of attitude, of training, of point of view and, perhaps also, of interest in the subject. Nevertheless they point to certain definite results, although Titchener is unwilling to claim finality for them.

Eleven out of thirteen observers (seven men and five women) deny the persistence of self-consciousness throughout the waking life; of this number nine (six men and three women) deny its existence even during introspective experience, not alone in everyday life. Even the two observers who affirm the continuity of self-consciousness qualify their answers so that Titchener feels himself justified to conclude that "self-consciousness is, in many cases, an intermittent and even a rare experience."

[1] Text-book of Psychology, 1910, 544 f.

The second question asks for a description of the self-consciousness. Current psychological works record three ways in which the self may appear in consciousness:

1. A certain class of mental processes may carry the self-meaning, "apart from any determination of present consciousness." For Lipps, for instance, conscious experiences are either conscious contents or self-experiences. The latter, feelings in the wider sense of the term, always appear together with the objective experiences. As Lipps states it tersely, "I always feel myself somehow."

2. The experiences of self may be due to either an explicit or implicit determination. In the former case a characteristic group of conscious processes may carry the function of self-meaning. In the latter instance the reference to self is due to a particular arrangement and temporal course of the mental processes. Where this course or arrangement is disturbed, there can be no such special self-reference.

As example of the explicit determination of the consciousness of self, Titchener quotes Wundt's statement that the self-experience consists "in essentials of a total feeling, whose predominating elements are the apperceptive feelings and whose secondary and more variable constituents are other feelings and sensations," kynesthetic, organic, etc. James's well-known reduction of the central, spiritual, active self to kynesthetic sensations in head, throat, and respiratory mechanism is mentioned as a probable instance (Titchener is not altogether certain) of the implicit determination of self-experience.

3. The third view is that the experience of self may inhere in the whole of one's experience, in the "warmth and intimacy" which, according to James, distinguish one's own ideas from the ideas ascribed to any "you."

The question covering this point called for a description of the self-consciousness "as definite as possible. Is the consciousness of self explicit (*e. g.*, visual image, organic sensations) or implicit (intrinsic to the nature of consciousness, inherent in the nature of consciousness)? Can you bring out the character of the self-consciousness by comparing or contrasting it with other phases of a total consciousness?"

The replies show that the reports fall naturally into three categories:

1. Those who affirm the continuous persistence of the self-consciousness as shown in their affirmative answers to question 1a.

2. Those who answer 1a in the negative but 1b in the affirmative, thus asserting that self-consciousness is always implied in the introspective attitude; and

3. Those who reply to both parts of the first question in the negative.

The replies here show no evidence of a special class of subjective processes (Lipps). All the reports, with one possible exception, support the view that the experience of self is a determination, either implicit (as "unified experience," as "my ways of thinking and acting," and in statements referring to the self-conscious experience as of fluctuating content) or explicit (for instance, one subject's "large, dark vagueness which represents my own mind"; another's "translucent rays projected from the chest," etc.). Probably in all cases of visual imagery and in many organic complexes the determination of the experiences of self is explicit, although in most cases no sharp distinction can be drawn between it and the implicit consciousnesses.

The constituents of the self-consciousness in their order of frequency, as mentioned in the reports, are as follows: organic complexes, 12; visual imagery, 10; affective processes, 8 (implied in four other cases); kynesthetic complexes, 8 (probably in other cases merged in organic); conscious attitudes, 4 (as follows: (a) responsibility; (b) recognition of ownership of introspections; (c) ownership of experience; (d) activity in background of consciousness); verbal auditory images, 4; cutaneous sensations, 2.

The third question was addressed only to those who (in response to question 1a) denied the persistence of the consciousness of self in everyday life and required a statement of the circumstances under which self-consciousness is likely to appear. All but one of the eleven observers show in their replies that the experience of self is brought out under conscious social determination. It follows that the "spiritual" or "material" self would seem to be subordinate to the "social self," at least for this class of observers.

The unusual or novel situation comes next in the order of frequency as factor to which the realization of the self is ascribed.

From this Titchener concludes that "it is not permissible" to define psychology "the science of the self as conscious" as is done by M. W. Calkins. Every one of the thirteen observers rejected this definition.

J. S. Van Teslaar.

REVIEW

INCREASING HUMAN EFFICIENCY IN BUSINESS. *By W. D. Scott.* The Macmillan Co., New York. 1911.

Professor Scott's book is a pioneer attempt to analyze the psychological elements in industrial occupations. It makes a clear and readable presentation of the chief mental factors upon which human efficiency depends. These factors are imitation, loyalty, concentration, wages, pleasure, love of the game, relaxation, practice and improvement, habit formation and judgment. Numerous examples drawn from different occupations show how the appeal to and the study of these processes tend toward greater economy and efficiency.

The book is intended primarily for business men and, consequently, is written in popular, non-technical style.

It might be suggested that most of the ideas set forth are matters of common sense. This is largely true because practically no experimental investigations or critical analyses of the processes involved, in even the simpler occupational activities, have thus far been made. It is none the less profitable to look at matters of common sense from a scientific angle, and thus to promote a more thorough investigation in these fields in order to determine whether common sense and general impression are correct, and finally, to go beyond haphazard observation.

The book ought to be practically useful to business men by way of suggesting serious analyses and examples of the application of the psychological factors in securing maximum efficiency. It ought to prove valuable also to the psychologist by way of furnishing varied and practical illustrations of mental laws and processes.

DANIEL STARCH.

University of Wisconsin.

THE JOURNAL OF ABNORMAL PSYCHOLOGY

DECEMBER, 1912–JANUARY, 1913

CONDITIONS FOR A HOME OF PSYCHOLOGY IN THE MEDICAL CURRICULUM[1]

BY ADOLF MEYER, M.D.

MORE than *any* year since the early nineties the past twelve months have brought events in the field of psychology and medicine which deserve a brief appreciation and also a brief discussion of the demands they suggest.

The last December meeting of the American Psychological Association made the serious recommendation of including psychology in the medical curriculum. This implies a grave responsibility, considering the inevitably strong individuality which is bound to hold in our field, and which makes it a matter of wide differences of opinion as to what kind of psychology the medical student would get. This very last year has seen striking assertions of contrasts among psychologists themselves concerning the relation of psychology to the sciences (I merely refer to the book of Yerkes), and the psychopathologists are still busy emphasizing contrasts, such as psychopathology and psychiatry, and even psychopathology and pathopsychology, as if they were not merely inevitable differences of emphasis of subordinated issues, and chiefly apt to furnish food to those who are eager to *exploit* the *discords* of the great science of conduct and behavior.

Fortunately we can point to concrete achievements in several directions:

[1]Presidential Address delivered before the American Psychopathological Association in Boston, May 30, 1912.

(a.) The appearance of a number of comprehensive studies of psychopathological methods and results like those of Gregor, Ranschburg, Ziehen, Franz, etc., giving special static methods a firmer foundation.

(b.) The appearance of such works as Bleuler's on Dementia Præcox, putting into clear evidence the position of psychopathology within psychiatry.

(c.) We can notice a certain clearing of the relations between Freudian and general psychopathology, which, odd as it may seem in the face of the Anglo-Saxon traditions, promise to be much more genuine and far-reaching on our continent than in Europe, and will, I hope, not lead to antagonism, but to a give and take of neighborly and common work by persons who are ready to admit that they may be of different temperament and capacities, but that they can leave the acceptance of their methods to the test of trial and experience rather than doctrinal persuasion or dogmatic taboo.

We have indeed made an effort to make this meeting an occasion to come even more closely together by inviting representatives of different lines of work and interests to discuss the same facts and cases, with the hope that the elimination of the differences of the material will make it all the easier to understand and compare the individual ways of formulating the problems and of marshaling the facts.

There is no doubt that the teaching of psychology and psychopathology in a medical school must in the first place get its trend from the lines in which the available *teacher* is accustomed to work. Few are in the fortunate position to-day of having had the broad fundamental preparation which we now want to give our own students; and therefore there arises the problem of how to round off the task so that the special lines of preference of the individual worker and teacher do not give a one-sided aspect such as will provoke misleading contrasts and especially also undesirable criticisms on the part of those who want to protect the students against an excessive curriculum, *or* even take an a priori stand *against* the one or the other school or perhaps against all psychopathology. As a matter of fact we need only look over the available text-books of psychology and psycho-

pathology, or chapters on psychopathology in various works and the journal contributions of the possible candidates for chairs of psychopathology to realize what a difference of standpoints the students will have to face. And when we add to this even a modest list of what the medical practitioner and the public expect psychopathology to cover, or what they have fatal prejudices about, you will agree that the task presents features worthy of at least a summary discussion.

As you know, I expect the best results if we succeed in making psychology and psychopathology a natural extension of common-sense psychology and of the student's interests in normal as well as abnormal mental life, by encouraging the *biological attitude and conceptions*, with *equal* respect for the *objective* as well as the more or less *subjective* or introspective material, that presents itself to the observer. I say "more or less" subjective because to make the so-called introspective material an object of science, we certainly do all we can to pin down the evidence of its *existence* and *nature* and to prove it *before others* as well as before ourselves by just as searching evidence as physics demands for sound waves or electro-magnetism. In a measure as the introspectively most evident reactions obtain evidence of objective validity in the interplay of objective events can it become a valid topic of the science which describes what its objects are and do.

It is extraordinary how the short period since the human race has actually evolved and practised the methods of science has tended to corroborate a dualistic tendency which is exploited by some in ultrabiological claims and speculation, and in turn forces the scientist and the average man to accept our mental life naively as a mere world of subjective values, and to respect them as scientific or at least as *dynamic* only when translated into terms of various kinds of modern brain mythology. The change of attitude on this point is very slow. We are still looked at with suspicion when we claim that the emphasis on the so-called psychophysical parallelism is no longer obligatory, and that if we make a contrast it should be that of mental and non-mental biological reactions and not the illogical contrast of mental and phys-

ical. Only few admit, what we all assume in practical life, that we might well listen with some respect to the concepts of the plain man who speaks of mental forces, of mental causes and their effects. The firmness with which the orthodox parallelist attitude is officially adhered to was strongly brought home to me at the recent Berlin Congress of Experimental Psychology. The type of psychology which prospers within these restrictions is certainly impressive, but such an ever-growing and ramified structure of detail that one might cry out with Moebius the cry of hopelessness as to our finding common ground.

Psychology and psychopathology in medical schools will succeed in a measure as we can offer a clear formulation of a body of facts *enriching* and *balancing* the common-sense experience, and assuring a well-defined gain over the *untrained.* It is natural that we should start with the disturbances in which even our common-sense work has recognized a need of accurate methods, in the form of a *mental status*, in the *defect-states* a reliable carrying out of the *Binet tests*, *memory tests*, and in the *association tests*. This is bound to lead to an extension into a study of *processes* and *tendencies* and their *conflicts*, types of *conduct* and *attitude* and *their determining factors*, and this inevitably to the mooted field of the material which does not present itself clearly in the patient's mind, but which we have to learn to disclose, partly in terms of reminiscences or lines of more or less automatic reactions, or through evidences of interferences, resistances, symbolic disfigurement, etc. This inevitably necessitates the study of already analyzed and interpreted material of kindred cases and practice in the analysis of one's own life. All through the conditions had best be stated as conditions of *adaptation* to more or less clearly defined situations with a certain constitutional and experiencial material, and the degree of *success* to be determined and reduced to the terms of an experiment. The chief steps beyond the ordinary medical attitude are that the aim is not merely a determination of certain fixed symptoms which dictate a diagnosis,— a procedure which is justified enough for preliminary orientation where the facts are simple,— but actually as close a reconstruction as possible of the mental

and non-mental factors which determine the course of events and the various reactions.

It is quite obvious that this requires a decided broadening of the horizon and method of critical reasoning beyond what the student is usually trained for, and it seems to me worth while formulating an important step, viz., *the surrender of absolute quantities and absolute effects for relative or conditioned quantities and effects* which, moreover, the student must learn to handle by seeing them, *not as independent entities, but as parts of balancing processes.*

What discourages the layman or student most is the *relativity of all the factors* with which he has to deal in our field. He is trained chiefly in the so-called accurate or absolute sciences, in which the mass, the specific weight, temperature and the chemical constitution and form, etc., determine about all that defines the nature and potentialities of the object. Moreover he assumes that a factor must act like a set dose of a chemical and produce certain effects, or *if* it does *not*, it cannot be considered as a cause, becomes unreliable and negligible.

To learn to work with the highly conditioned entities he must be given a standpoint on which the conditioned character of his facts remains plain, and on which he nevertheless learns to appreciate safe *relative* measures and standards of test and control.

Biological forces and especially psychological forces have this in common that the *quantity* of mass and energy expressible in chemicals and in stored energy plays a relatively unessential rôle as compared with the *qualitative features* which show in the different associations and which I might call "the *fitness* for the task."

As James says: "The *measure* of greatness here is the effect produced on the environment, not a quantity antecedently absorbed from physical nature." To give the student an idea of these forces, we must show him the reactive mechanisms and available reaction types whose triggers the specialized force is able to pull.

The problem thus becomes the introduction of accuracy into a field which seems to resist the common methods of the simple and more purely objective sciences.

We do well to direct our students to a tendency which has worked itself out in quite a few minds during the last decade, and which I am glad to find expressed and emphasized not only by the psychologist and psychopathologist who needs it most, but quite explicitly and consciously by the naturalist in the more orthodox quarters: Mach and Kirchhoff in physics, Roux in morphology, Verworn in physiology, and von Hansemann in pathology (Ueber das conditionale Denken in der Medizin). This tendency is the transformation of the naive causal conception of events and facts into a more modest conception of *determination of conditions* free of the presumption that, by stating the *one* element of a variation of a state or process, that determination of the one element alone would be a complete and accurate statement of the causal value in any situation under consideration. The relativity of individual factors, the conditioned value of every one of the factors with which we deal, puts psychology on a basis where much more caution is needed than in any other domain of human experience and analysis, and for which we also *have* special *helps*. The average individual *is* a good enough reagent to react reliably and safely and in keeping with the laws of probability and something like absolute pitch so as to justify within certain limits such a psychobiological law as Weber's, but even there and still more in the more complex reactions, the safety of the predictions is only relative, almost always conditioned by more factors than we can control; a concession which would only be an *apparent* excuse for the resignation of those psychologists who declare themselves ready to sacrifice *all* claims to a *dynamic* consideration, and who hide themselves behind a methodical dualism, and possibly behind that worst type which contrasts physical and mental facts. The point is that we should and do react sufficiently safely to determine *certain important conditions of events*. To learn to state the setting in which factors play a certain rôle, to learn to modify the factors and to determine safe conditions for certain results, is the fundamental problem in all our work, and the fact that independent measurement alone is not feasible need not perplex us.

In this direction nothing will help but training in a

similarly safe conditional presentation of any facts which we must look upon as the parts integrated in the whole of *any* biological, neurological, or general physiological reaction. While the elementary sciences pride themselves on getting along with elements which stand by themselves, *embodying* as it were with fatal necessity all the effects into which they can be led, the living organism, owing to its complexity, baffles the demand for regularity in many points. Hence the temptation to fall into the mistake in which men like Loeb get involved when they believe that only a rigid mechanistic conception of nature can eliminate mysticism, and that any recognition of conditioned reactions and any temporary acceptance of a measure of factors in terms of the *effect produced in the completion of a known process*, in an *Aufgabe* or task, is teleology. Simply because there really *occurs* in benighted quarters such a thing as *unwarranted mystic* teleology, the entire logical formula of *seeing parts in the light of a whole is to be replaced* by, however hypothetical, *constructs of elementary units*, or is at *least to be discredited*. I should, on the contrary, urge that the training in physiology put much more emphasis on *the definition of the conditions under which ends are attained*. The student needs practice in this form of presentation in matters where errors would be easy to *demonstrate*. Only with such preparation will he then learn to see the conditioned share of bacteria in infection and symbiotic reactions, the conditioned effects of poisons such as morphine which a cow can eat without narcosis; the conditioned effects of sera, and the conditioned effect of the so-called *causes* of nervous and mental disorders, and the variability of the *form of appearance*, and especially also the nature of symbolism, which seems to be the red flag to the bull to the orthodox critics of modern psychopathology.

This has many important implications which I want to illustrate briefly. Psychology is forced to get square with that simplistic temptation to take detail reactions such as sensation, or any other relatively independent units of response, and to give them at once the independent position of reaction of a special independent *organ* or of nerve cell-groups, even independent of receptive and effective organs.

I thus should have to ask for caution at the very foundation of the teaching concerning reflexes. Reflexes are the simplest processes of neurobiological adaptation. As a matter of fact we demonstrate such fundamental reaction as reflex-activity at its best in a spinal frog, or in a detached lumbar animal, *i. e.*, enough of a central mechanism attached to receptors and effectors to be sufficient for a reflex-entity. We can, of course, penetrate further and study this fundamental mechanism in more detail. We can take the nerve-muscle preparation, or the Kühne experiment, or since we know from anatomy and histology types of neurones and groups of neurones of special type of appearance and connection, we think of the independent activity of these types, perhaps with insufficient regard for the fact that however independent they may appear from the point of view of growth and maintenance, neurologically they have their position not as such but as parts of mechanisms.

To reduce the data to the schematic reflex arc, and especially to individual neurones, means cutting it down to a conceptual minimum inviting dangerous conceptions of simplicity from which many a student cannot recover, and which he carries wholesale into the field of the more highly conditioned psychobiological reactions; especially because the latter is already prepared in a similar way so as to work with independent units and *elements* — the independence of which must, however, be surrendered when we make of psychology the science of mental activity and its disorders in the sense of problems of biological adaptations.

Perhaps the best analogy and guidance for the medical student comes from serology, dealing with a similarly high biological reaction type which exposes one very little to the hope that we can assign the specific function to definitely known parts in the immediate future; a type of reaction which must at this stage be considered in terms of regulation and adaptation of the organism as a whole.

We deal with *systems* of *balance* and *systems* of *adaptation;* and within these we may push the *details* of reaction referring more especially to sense-organs, or to motor mechanisms, or depending more on the central organization *and* the material of constructive imagination, and the adaptive

play of emotions; but after all we do well to avoid the simplistic notion, that we can dispense with the reference to the whole system and to the *aufgabe* or task. We study the detail as *relatively* independent integrative factors, and train the student to observe the essential fact of how much of the personality must be intact for a function, and what situation or task it fits into in the performance of its function.

The next consideration on which we must demand better training in the student is that of time, *i. e.*, that of the necessary steps and sequences for the assurance of an adaptive reaction, a point concerning which the student must develop his scientific conscience if he wants to be true to the world of events, and if his predictions shall carry correct prognostic values. We must relieve him of the feeling that scientific simplicity demands a kind of telescoping which is apt to lead to serious disregard of the actual chronological sequence of the various factors or conditions.

If we are to become clearly helpful to the medical student and physician generally we must help him complete his ways and methods of sizing up and handling usual and unusual mental states better than he can now under the dogma of neurologizing tautology — that vain feeling that there is an independent world of psychics, but that only those facts are scientific which can be reduced to terms of brain cells, and also the notion that all facts of pathology worth knowing can ultimately be telescoped into the notion of some lesion, whereas we really always find most safety in series of events which may differ according to the sequence in which the elements enter into function.

We must be able to help him give a reliable and helpful and suggestive description of his cases, and not merely a rigmarole of faddist terms and phrases which change from man to man and from year to year. We must be able to carry the conviction that we point to *observable facts* or factors without which the vital conclusions about a case simply cannot be drawn correctly enough. A feeling for economy and safety must of course mark our methods of examination and also a direct applicability of the results to our diagnostic and practical conclusions. We must give

the student guidance in the static and dynamic sizing up of personalities and situations and conditions, and a courage to use his native sense. Like every other science, psychology and psychopathology must show that it brings safe facts not already equally well known *without* all the work it calls for, and not merely amplifications of the obvious, and we must furnish the understructure in the form of safe data of the evolution of the "*trieb*" life, such as the evolution of the sex-life, and of related *or* of more independent trends and their conflicts, the craving for various gratifications, cravings for protection, for revenge, for justice or what not, or the conflicts between imagination and reality.

Personally I look in the events for the *factors of psycho-biological reaction*, and study them for the conditions under which they occur, the differentiative marks of the different conditions, the factors principally at work and the means for their modifiability. The facts thus singled out must then be studied under various modifications of conditions. We find most accessible to our study those that can be produced at will, sleep and sleeplike states, states of hypnotic dissociation, states of fatigue and of toxic modification; and on the more essentially mental side, states of preoccupation, of conflicts, of cravings, of wish, of substitutive gratification, of repression, of symbolization (*i. e.*, facts which cannot be grasped by those who have raised the scientific use of *elements* to the point of negation of larger units, in the light of which alone such a fact as symbolization can have a sense). The chief weight is to be laid on the known conditions of modifiability of the integrative factors of adaptive reactions.

A serious issue is a safe knowledge of the extent to which reactions *can* be *induced* and can be made to play an active part in the problem of adaptation of the personality *to* the situation and adaptations *of* the situation to the needs of the person. Thus we learn to single out certain mechanisms, functional if not structural, representing the clinical entities worth differentiating and forming safe settings for details. We should above all things impress the student and the public with the fact that *the non-mental factors and the mental factors are made of similar stuff*, and that they

cannot safely be viewed apart or intrusted to any one who has too strong a bias or deficient capacity or training in the one line or the other. There are *sad tales on both sides.* I am thinking of a case qualified as butchery and mutilation by the patient herself perpetrated in a woman with a psychosis from sexual maladjustment, but also an occasional case where too ready and final assumption of a hysteria sealed the chances of a case of brain tumor, or of a merely *apparently* defective child, or of a symptomatic reaction. In justice to the patient and to medical experience we should also keep account of the at least relative value of approved *traditional* ways of handling reactions, the pharmacological effects of a timely reduction of tension by bromide and other helps, and at the same time the existence of reactive tendencies which would require functional investigation and adjustment. We can make it plain that a functional statement of the facts does not and should not *disregard the organic facts involved;* that sometimes the *non*-mental integral components and sometimes the *mental* ones offer the most effective modifiability or offer the explanation of why they are or are not modifiable. Moreover — and I say this without being an advocate of a medical trust — only the broadly trained physician can remain free of the charge of opening the door to the *a*-scientific if not *anti*-scientific; nobody can fail to recognize the responsibility of adequate knowledge about all the integrative material with which we work. On the whole we do well, I think, to advise our psychological friends to choose at least as an avocation a medical training which I hope will some day figure as a worthy source of general culture, and as a good way to learn to know the human machine and its vicissitudes in the broader relations of life.

Critical control of the *induction* of mental states, such as suggestion, persuasion, etc., should furnish one of the best means of measuring the relativity of the dynamics of mental forces. Judgment on this point is, however, difficult to obtain. As a matter of practice, it is desirable to make sure of the actual facts personally or through a third person, by controlling what the patient understood and carried away from medical advice,— a duty unfortunately shirked as a

rule but at the cost of a great deal of the superstition and gossip that surround medical advice, and at the cost of much imagination on the part of the physician.

The great responsibility of investigating and regulating the sexual life of patients and the extent to which sexual life has proved to be of importance all through the pathology of neuroses and psychoses, and the prominence of so-called moral principles in the work of mental hygiene and cure naturally throws another burden on the teaching of psychopathology. The physician must here, as in the teaching of the non-mental physiology, transgress the customary aloofness of Science with its capital S. Without tact and a clear foundation much harm can be done. Matters have come to the point that the position of a physician in a new hospital recently was made dependent on the disgraceful condition imposed by the trustees that neither hypnosis nor psychoanalysis be employed. On the other hand teachers and ministers have carried dangerous inferences into the schoolwork with the inevitable result of grievous misunderstandings if not worse consequences, and a setback to a simple and steady growth of our work.

Psychopathology is bound to be the agency through which many excessively rigid and cut and dried rules of traditions of conduct of one's personal life and of social conditions will be broadened out. A few years ago in some lectures at Ithaca I spoke of the *solidarity of mental hygiene and ethics*. May this be made possible through a sane accumulation and utilization of facts and a gradual evolution of helps making for unification of biological and ethical views, and for a broad *orthobiosis*. That this means a departure from the purely mechanistic and purely statistical views of the world and a *restitution of a perhaps more temperamental conception* of things *with acknowledgment of the mechanistic and statistical methods in their proper setting*, need hardly be questioned.

Among ourselves we have to cultivate a true and direct formulation of the lay-concepts, their presentation in our trained view of the facts and only then a transformation into technical concepts until we shall have worked out ways of certainty that we *see*, *mean*, and *handle* the same *ehings*. I

should especially urge those who work with Freud's methods to be somewhat sparing with the use of terms with too many implications, such as Uebertragung, unless they are sure that the hearer has had his foundations adjusted.

A general idea of what training in psychopathology should be has been mapped out in connection with the English plan of creating a special diploma in psychological medicine. *The best formulation* will no doubt be the *work of a psychopathic hospital. There* we get the concrete problems and the organized efforts to get square with them. They will, I hope, implant in the public, and especially the medical public, such a familiarity with concrete facts as will correct the outcroppings of phantastic literature and one-sided conceptions and expectations of the domain of psychopathology, and also shape a natural curriculum in our new courses.

In this our meeting let us see that as far as possible we *make it plain what our* OWN *standpoints and conceptions are, rather than pointing out the errors of the ways of others.* Criticisms in the form of questions, and not defenses but *explanations*, will help us on the difficult path and make the meeting one of general usefulness and lasting pleasure.

ON THE SOMATIC SOURCES OF SOMATIC DELUSIONS

BY E. E. SOUTHARD, M.D.

(*From the Laboratory of Danvers State Hospital*)[1]

THE small group of cases which I here present was obtained by the rigid application of certain routine standards of classification cases characterized (1) by *delusions* mainly and essentially of *somatic* type, which *cases* (2) were later *autopsied* and (3) *failed to show* obvious *brain lesions*. The eight cases described represent all that remains of a group of one thousand autopsied cases of mental disease when subjected to the said analysis. My object was to determine whether, after excluding delusions possibly of brain manufacture, there remain any delusions of the severe, essentially somatic type in patients having a normal sensorium. All eight were found to be subject to severe somatic disease and, to a large extent, such somatic disease as to offer ready material for delusional transformation. The data seem to show that the content of "organic sensations" may well have somewhat to do with the quality of the delusions developed and very possibly with their imperative character.

Somatic delusions, or false beliefs concerning the body and its parts or organs, form logically a very broad and heterogeneous group of delusions having doubtless a great variety of causes. I wish here to consider a special group of somatic delusions, those which impute to the organism various structural disorders of its parts. Those rather more functional disorders of the body which form the subject of the hypochondriac's complaints and surmises, although closely related to the structural group here in question, are not the first object of my study. I propose rather to consider the seemingly more profound, less shifting, quite unnatural beliefs which impugn the integrity of the organs themselves and ascribe to them the most surprising, fantastic, or grotesque characters, which nevertheless possess the center of the stage and dominate the lives of the believers.

[1] Danvers State Hospital Contributions, No. XX, 1912.

The domination of these somewhat persistent somatic delusions is perhaps no more powerful than domination by sundry delusions concerning personality or concerning the attitude of society. Yet the latter types of delusion, say of personal grandeur or of persecution, find in all of us more childhood memories of maladjustment than do the utterly absurd somatic delusions, say of a *snake in the stomach* or of *silver knives in the legs*. The delusions of personality at large and the delusions concerning social environment we, as human beings, regard as not very unlike normal shiftings of the ego in the midst of other egos. Yet, should we find, as in a case narrated to me, that the woman with a snake in her stomach was actually a victim of tapeworm, or, as in a case I saw, the man with knives in his legs had been a pronounced alcoholic and presumably suffered with the relics of neuritis, we should see clearly that the transition from sound beliefs to unsound beliefs is perhaps no more difficult in the somatic group than in the personal and social groups of delusions.

The question whether a belief is true or false is perhaps most easily dealt with in pragmatic terms. Transitions and intergrades between true and false beliefs perhaps exist. It may be, and some are inclined to conceive that there is, in some sense a quantitative scale of morbid beliefs, that the lighter obsessions and fixed ideas, the morbid imaginings of neurasthenics and psychasthenics, the steady stream of abstract morbidity — and mortality — concepts in sufferers with what used to be called hypochondriacal melancholia, and the intense, concrete, focalized, fixed conceptions of organ destruction and perversion of the group I here consider, are all of a piece, genetically speaking. The dominant idea concerning delusion-formation is probably that delusions express a general morbid alteration of brain function, such that the personality reacts abnormally to the data it receives. The modern alienist would hesitate to localize either the process of delusion-formation in general or the concrete process in any particular case. Delusion-formation, on this account, is a reaction not far removed from normal reactions, a perversion of the believing process, distinguished from that of the true believers (*i. e.*, oursevles,

the sane public and proper constituents of society) in little but a mental twist that does not *work*, is not pragmatic. Thus a pragmatic belief would be a true belief. A delusion as we see it might assert itself as a belief by becoming useful, consistent with evolution, pragmatic.

Surely the somatic delusions, which impugn the very structure of body organs and impute to them impossible characters, are at the very pitch of the unpragmatic. Doubtless what the dominant theory asserts is true so far as it goes. The deluded person interprets falsely the data that you or I would not interpret falsely. At least our own false beliefs are transitory and of little weight in our lives. For the deluded or paranoid patient the false beliefs are at his pragmatic center, and often drive him out of society.

There is another and more neglected feature of the situation. One may (a) *interptret data falsely*, but also (b) *receive false data for interpretation.* In the latter event one's interpretation may be true or false, but the chance of one's being very pragmatic is remote.

I should not introduce these truistic remarks if I did not believe that there is some chance of resolving these groups of delusions in actual cases. Of course the outlook is not bright. I remember remarking to a bystander at an autopsy that the delusion of a certain patient that she had *furniture piled on her belly* might possibly be correlated with certain rare fibromyomatous *tumors* that I found *in the wall of the stomach.* Thus, impulses of an abnormal character might accrue from the viscus in question and be referred to the abdominal wall, only to receive the peculiar interpretation as above. But, the bystander remarked, for every such case of supposed correlation I can show you another, or several others, without such somatic basis.

I was aware that, however many striking instances of apparent correlation between somatic delusions and somatic lesions I could adduce by a questionnaire method, I should remain with the feeling that the correlation was fortuitous or incidental.

As it happens, however, I could choose a proper series for study upon a statistical basis. The Danvers State Hospital staff had for some time been using an approxima-

tion to the Wernickean classification of delusions as referred (1) to the self or *autopsyche*, (2) to the outer world or *allopsyche*, and (3) to the body as represented in the *somatopsyche*. I cannot say how consistently this classification has been used or whether it is the most satisfactory possible. At all events our cases have been assorted into groups such that alterations in personality, altered social conceptions, and obvious strange ideas about the body and its organs can be readily found statistically.

I chose my cases for investigation as follows:

1. *Only autopsied cases were considered*, not merely to give the somatic basis the best chance to be observed, but also to get the benefit of a finished clinical record.

2. From a series of one thousand autopsied cases of all available sorts of mental disease, about seven hundred cases were *excluded* because of obvious *gross cortex lesions* which might be thought to pervert the judgment process itself or even manufacture in the brain itself false data for interpretation. I mean to return to this group of *cerebral* cases of delusion-formation (*e. g.*, general paresis) in a later study. Meantime I have excluded such cases, believing that the *normal* brain, if we could find some, would be the best instrument for showing the operation of somatic false data in delusion-formation.

3. In the residue I thought best to consider only those with relatively pure somatic delusions, fearing that the elements of disordered personality and of estranged reaction to the external world would be considered sufficient to crystallize out such somatic delusiosns as might appear in combination with personal and social delusions.

The rough initial classification of the chosen group was as follows:

Cases without gross destructive lesions, 306.

Cases listed as showing somatic delusions, 38.

Cases listed as showing somatic delusions only, 10.

The group of cases at which I arrived by this statistical process is an extraordinarily varied one. All suffered from severe somatic disease and several showed somatic disease of such a character as to present a number of unforced correlations with the delusions found. The cases are reported,

both clinically and anatomically, with very various degrees of fullness; but, except in one case, perhaps the most striking data are preserved.

One case of the ten had forthwith to be excluded from the group, inasmuch as microscopic examination showed such chronic degenerative processes with mild exudation in the various parts of the cerebral cortex as even to rouse the suspicion of general paresis. Here then was a "grossly normal" case which was actually abnormal microscopically and in such wise as to offer a sufficient general basis for delusion-formation *on falsified brain data.* The case, which showed marked somatic delusions of negation, has been published by Mitchell and the writer as Case III in our study of "Melancholia with Delusions of Negation: Three Cases with Autopsy," *Journal of Nervous and Mental Disease*, 1908.

In a second case (C. W., D. S. H., 6977, Path. Lab. 367) I find that the delusions classified as somatic are at best merely incidental in a flight of maniacal ideas in a woman observed for but four days before her suicide, and are in part possibly not delusions at all, but rather slightly altered true beliefs concerning injuries received, some of which were in evidence at the autopsy.

The series was thus reduced to eight cases, in which the important delusions found were somatic, but in which there was no clear evidence, at first blush, of falsification of data in the brain itself through plain lesions of the cortex.

The eight cases vary in character. In two (Cases I and III) the somatic delusions were brief but imperative, and so suggestive in their possible correlations that I include them in this discussion. The remainder are more of the accepted type of severe essentially somatic delusions.

The eight cases thus come at are not all alike. I will present the less typical first because of instructive comments which they afford.

Case I (M. D., D. S. H., 8108, Path. Lab. 545) was a young woman, probably dementia præcox or an imbecile of high grade with katatonic features. Ten days before her death (at the age of twenty-seven, some five years after onset of pronounced mental symptoms) she complained that a fellow had come into her room in the night and *shot* her

with a seven-shooter. She could point out no wound, but felt local pain. On physical examination, *pleuritic friction-sounds* were heard in lower part of left lung. The autopsy showed the pleuræ extensively adherent by old adhesions, except in the area just mentioned where *fresh fibrinous exudate was found without fluid.* There was extensive phthisis with cavities in both upper lobes, caseation and gray hepatization of right lower lobe, numerous tubercles in left middle lobe, and *edema of left lower lobe.* Microscopically, Dr. W. L. Worcester found slight acute alterations of nerve cells in five cortical areas, hyaline degeneration and eccentric nuclei in certain Betz cells and certain large cells of bulb. There was also in the vascular sheaths of the cortical vessels considerable accumulation of pigment granules. Perhaps, therefore, this case should not count as one of normal brain. I include it because the brain changes are slight and the somatic delusion and its physical correlate are so sharply defined.

Case II shows a somewhat similar correlation of a lung disorder with a delusional content expressed in localized kneading of the body.

E. W. (D. S. H., 7363, Path. Lab. 563) was a clerk of fifty-four years, who had developed insomnia, depression, and suicidal attempts some three months before admission, December 4, 1893. Grandfather a suicide. Father had been a suicide at fifty-three years. Brother a patient at Danvers.

Two suicidal attempts, by opening arm vein and by penknife and scissors stab to reach heart, preceded commitment. The diagnosis of *hypochondriacal melancholia* was made. "*Torpidity of the bowels*" was the chief complaint. Patient took patent foods between meals and *kneaded right side of chest and abdomen* till they were black and blue. Sleep was "unnatural," later denied to have taken place. Exercise was of no use. "Constipation," "heat and cold in limbs." Meantime ate and gained somewhat in weight. Abscess in neck in May, 1896. Wore overcoat in all but warmest weather. Cough and fever, 1899. Eats little as he has "no stomach." Pulmonary signs.

Autopsy by Dr. W. L. Worcester showed *right pleura*

adherent to lung, which was *hepatized in its entire posterior part. Left pleura free;* early infiltration and edema of posterior part of left lung. Chronic cystitis (Streptococcus apparently in pure culture.) Microscopic examination of several scattered areas of cortex by the Nissl method showed slight acute changes.

Case III (D. S., D. S. H., 13114, Path. Lab. 1078) was a case in which the somatic delusion was again a belief not far transformed from the truth. In fact Case III might almost be regarded as a "symptomatic psychosis." He was thought to be full of hypochondriacal ideas, as, "*My stomach is full, and I can't eat anything.*" Patient, who was an Irish currier of uncertain but advanced middle age, was a quiet, feeble, amnestic, sad man who had apparently been irritable and perhaps subject to delusions of persecution for some months before admission. Signs of *intestinal obstruction* shortly appeared, and other signs warranting a tentative diagnosis of abdominal cancer. Autopsy, by Dr. H. A. Christian, about six weeks after admission, showed a *carcinomatous obstruction* of splenic flexure *of colon*, involving pancreas, retroperitoneal lymph-nodes, gall-bladder, and liver. The transverse colon was adherent to stomach, and both to under surface of liver.

Cases IV and V are both characterized by certain delusions about the osseous system and, curiously enough, on autopsy proved to have structural changes in certain bones.

Case IV (S. H., D. S. H., 1007, Path. Lab. 833) is a single woman, 3 times in McLean Hospital before admission to D. S. H., October 27, 1879, at age of thirty-three. She was given the diagnosis *chronic dementia.* "Has a noise in her *head*, which is caused by *bees inside her skull.*" Patient seems to have thought also that she was *blind.* At times incoherent, quarrelsome, noisy at night. As a rule sat persistently in a certain seat; in 1902 had a spell of *keeping* her *fingers in her ears.*

The autopsy (Dr. A. M. Barrett) showed death due to general carcinomatosis, primary in the breast. Whether the nodules of *cancer* found both macroscopically and microscopically *in the pituitary body*, which was as a whole enlarged, can be related at all with the delusional blindness is

doubtful. More suggestive is a curious and rare condition of *soft cranial bones*. In one region in the right parietal bone there was a spot so soft that it could be scraped out with a blunt instrument. The cranial bones were not increased in thickness; the dura mater was moderately adherent to the calvarium. The other findings were either mild chronic lesions (chronic nephritis, adhesions of left apex) or lesions incidental to the terminal disease (carcinoma of lungs, bronchial lymph nodes, suprarenal bodies, fatty heart, fatty liver, focal necrosis of liver).

Case V (F. M., D. S. H., 2304, Path. Lab. 1027) was an unmarried moulder of thirty-nine years, who was thought to have been addicted to masturbation for years, and had had typhoid fever and malaria in the Civil War. It is stated that patient was delirious after typhoid fever for some three months after return from the war. Then for some eighteen months patient lay in bed with legs drawn up. The somatic delusions (*v. infra*) then developed. The physicians' certificate spoke of "idiocy developed into impulsive and moral insanity." The patient was always of very doubtful diagnosis, but was given that of *chronic mania*. He is described as a "phenomenal liar, mixing nine parts lies to one of delusions." He believed on admission that his "*left clavicle was out of place*," but apparently had no other delusions. There were occasional outbursts of excitement with assault, apparently accompanied by active auditory hallucinations. It was at one time thought that patient had nocturnal convulsions.

During his long stay (April 26, 1882, to death, December 17, 1905) patient had many ups and downs, but was frequently on parole. November 12, 1900, told a long story about his hand. Several fingers on each hand formerly belonged to different individuals. Has made *exchanges of fingers*. His real *face* is concealed by *a perfectly fitting mask* that no one perceives. These stories were retold by patient for years.

Occasionally profane and obscene in speech, even before women: after parole was removed, improvement. A year or so before death the delusions seemed to wear off. Once patient said the finger idea was a joke.

Autopsy by Dr. A.M. Barrett showed remarkably *friable ribs* and a form of *chronic osteitis* of the *occipital* and posterior parts of the *parietal bones*, whose inner surfaces showed finely undulating surfaces. No special examination was made of the bones of the face or hands. The spine showed *kyphosis*. The *spleen* weighed 870 grams and seems in several ways consistent with the history of malaria about forty years before. The liver was also moderately enlarged (2310 grams).

Cases VI and VII must apparently be regarded as "symptomatic psychoses" incidental to tuberculosis (Case VI phthisis of perhaps sixteen months duration, Case VII fistulous, later miliary).

Case VI (W. B., D. S. H., 5035, Path. Lab. 278) was an *undertaker* of fifty-eight years. His business was regarded as the exciting cause of what the old records term a *monomania*. The delusion consisted in the belief that his *bowels* were *dead* and that he was "*all ruptured*." He constantly declared that he could not eat, but did eat, nevertheless, for a time. A refusal to eat was met by the physician with a threat of tube-feeding, whereupon he began to eat again. The dominant and constant idea was the deadness of his stomach and intestines, about which he talked to any one who would listen. The pupils were sluggish; the knee-jerks exaggerated. He had always been nervous and, before admission, had threatened suicide and violence to others. There are no available data concerning heredity. The diagnosis was *hypochondriacal melancholia*. Emaciation and a few bronchial rales were observed on admission. The patient failed gradually and died about sixteen months after onset (hospital stay three months, twenty-three days).

Autopsy by Dr. A. H. Harrington showed a large tuberculous cavity extending four-fifths inch downward from the left apex and pleural adhesions on the left side. The condition of the intestines is not recorded.

Case VII (D. C., D. S. H., 5151, Path. Lab. 397) was a painter of fifty-four years who was admitted after four months of similar symptoms, February 7, 1888, with the diagnosis of melancholia, which was elaborated by the hospital physicians to *chronic hypochondriacal melancholia*. He had

no observed physical sign at first except exaggerated knee-jerks. He described endlessly "*bearing-down pains*," weakness, "gone feelings," feelings like "any one with delirium tremens," a "*mock appetite*," *disorders in bronchial tubes and mucous membranes*, "incurable disease." Begged medicines, but would take them for a few days only, as "they would do no good."

Emaciation and anæmia progressed. *Fistulæ about anus* appeared, but the delusions were not leveled specifically at these. Later decubitus and loss of control of bladder and rectum developed. Death about seven years from onset, July 18, 1894.

Death was due to general miliary tuberculosis, especially shown in lungs and liver.

Case VIII presents an interesting correlation of delusions with mitral stenosis. J. W. (D. S. H., 10746, Path. Lab. 944) is a Swedish servant girl who was admitted at thirty-eight, after about two years of doubtful symptoms. Patient was at first given the diagnosis *chronic delusional insanity*, which was later translated into *dementia præcox*.

There was an allopsychic content—sense of control by some one — in patient's delusions. "*Stomach draws, and seems to close up.*" "*Bones slightly bent.*" Told later of a "*sense of pressure on head.*" Auditory hallucinations from time to time. Seven weeks after admission patient did "not feel the same," seemed to "get smaller every day," felt "*stiff around the waist*, as if her body belonged to some one else." "Knows that some one wishes to take her strength."

A weak heart kept patient in bed. Suddenly a few nights before death patient complained of great epigastric distress; obviously an effect of the heart disease from which she died at forty years.

The autopsy (Dr. A. M. Barrett) showed an interesting heart in which all valves, except the mitral, give measurements approximately Krause's *mitral 6.5* (Krause 10.4), tricuspid 12 (Krause 12), aortic 7.5 (Krause 7.7), pulmonary 8.5 (Krause 8.9). The mitral valve also showed thickening, roughening, and a focus of erosion. Both *auricles* showed chronic *endocarditis*. Left and right ventricle walls both

thickened (L. 1.5; R. 0.5). *Heart* somwehat *hypertrophied* (330 grams). Fatty heart. Coronary sclerosis. Double *hydrothorax*. Hypostatic pneumonia. Fatty liver with slight cirrhosis. Marked chronic diffuse nephritis. From the liver were cultivated pneumococci and a colon-like bacillus.

The analysis of these cases is evidently difficult. We may incline to a somatogenic view, or we may conceive it a priori unlikely that the sensorium has much to do with such complex matters as these delusions. In this plight I shall adopt the device formerly employed (with Dr. J. G. Fitz-Gerald) of analyzing deliberately from both points of view.

First, putting the best foot foremost for the somatogenic view, I may present the following brief:

Analysis I (Somatogenic)

Case I. *Delusion:* Shot with a seven-shooter in a place showing no wound but in which pain was felt. *Lesion:* Localized dry pleurisy over acute pneumonic process (remainder of pleural space on both sides obliterated).

Case II. *Delusions* various, expressed in numerous hypochondriacal complaints and in a kneading of the right side of the chest and abdomen until they were black and blue. *Lesion:* Old adhesions of right pleura and hepatization of posterior part of whole right lung.

Case III. *Delusions:* "My stomach is full, and I can't eat anything." *Lesion:* Intestinal obstruction by cancer.

Case IV. *Delusions:* "Bees in the skull," "noises in the head." *Lesion:* Cranial osteomalacia, with fenestration of one parietal bone.

Case V. *Delusions:* "Left clavicle out of place," "fingers exchanged," "face a perfectly fitting mask." *Lesion:* Osteopsathyrosis of ribs; chronic osteitis of inner table of occipital and parietal bones.

Case VI. *Delusions:* "All ruptured"; persistent claim that bowels were dead, and refusal to eat. *Lesion:* Pulmonary phthisis, apparently quite synchronous with the melancholia.

Case VII. *Delusions:* "Bearing-down pains" (patient

male); "mock appetite"; trouble in bronchial tubes. *Lesions: Fistula in ano*, general miliary tuberculosis (especially lungs and liver).

Case VIII. *Delusions:* "Stomach draws and seems to close up"; "stiff about the waist"; "bones slightly bent"; "pressure on head." *Lesions:* Mitral stenosis, mitral and auricular endocarditis.

Now let us proceed to lay emphasis on other factors in

Analysis II (Non-somatogenic)

Case I. The delusion "*shot with a seven-shooter*" in a dement (or imbecile) some five years after onset of active mental symptoms is too fragmentary a phenomenon to be considered in correlation. In any event, patient may have felt a regionary "shooting" pain and, in a quite verbal way, attached this sensation to some sexual delusion of long standing.

Case II. Many other delusions than the one possibly expressed by the over-vigorous *kneading of the side* were entertained by this patient. As patient's father was a suicide and brother insane, there is strong hereditary taint; it is dubious whether any of the hypochondriacal feelings shown are more than expressions of an "unstable brain." In any case the reaction of kneading the side may have been merely an exaggerated response to actual pleural impulses referred to the skin. Nor can it be shown that there is a time-relation between the pleuritis and the supposed-to-be-correlated massage.

Case III. This oldish patient was for some time perhaps rather characterized by delusions of persecution than by the somatic delusions specified. It is also dubious whether the brain of this amnestic patient can be thought quite normal, and the statement, "*my stomach is full, and I can't eat*," may have been little more than a form of words to put off importunity. (Analysis of the cortex, in the light of this objection, does show a certain amount of satellitosis, particularly in the lower layers of temporal cortex, as well as other changes, and possibly the case should not be included in a pure series of "normal" brains.)

Cases IV and V. It seems far-fetched to bring in soft bones in one case and fragile bones in another to correlate with delusions after all probably rather fleeting. We know too little of the way in which bone conditions are made known (if they are made known) to the central nervous system to attempt such correlations. Case IV was in any event a "phenomenal liar."

Cases VI and VII are simply cases of mental disease complicated by tuberculosis. Hypochondria and tuberculosis are both too common to make correlations of the sort attempted very convincing. Case VI is, perhaps, the weakest attempt at correlation in the series.

Case VIII. The variety of non-explained phenomena in this case of dementia præcox is too great to make the mechanical hypothesis of cardiac conditions as a basis of certain delusions convincing. There is also a marked tinge of social delusion-formation in this patient.

Summary

The writer has sought a series of cases of delusion-formation in which the false beliefs were such as to impute structural disorder to various organs (somatic or visceral delusions). Since no collection of correlations, however striking, is conclusive in the face of hosts of other *non-correlations* assumed to exist, resort was had to a statistical method. In a series of one thousand autopsied cases, some thirty-eight cases having characteristic somatic delusions, and *not showing obvious brain lesions at autopsy*, were found. Of these thirty-eight, eight were found which were fairly free, at least concerning the correlations at issue, from complications with delusions of other types (personal or social).

In these eight cases thus impartially drawn, a statistical correlation can be safely stated to exist between such "somato-psychic" or severe "hypochondriacal" cases and serious somatic disease. It seems certain that these serious somatic conditions colored the lives of the patients.

In one group of cases (Cases 1, II, III, possibly VIII) the psychic rendering of the somatic states is rather critical and temporary, and follows a process somewhat compre-

hensible to the normal mind. (Type: "*shot by a fellow with a seven-shooter,*" in a *spot found to correspond with a patch of dry pleurisy.*)

In others (Cases IV, V) the psychic rendering is less natural and is more a genuine transformation of the sensorial data into ideas quite new. (Type: "*bees in the skull*" *found in the case with cranial osteomalacia.*)

In others (Cases VI and VII) the problem is raised whether severe hypochondria, with ideas concerning dead entrails and the like, may not often indicate such severe somatic disease as tuberculosis. The psychic rendering here is of a more general (apperceptive?) sort.

Hereditary predispositions, acquired dispositions, and manifold unexplained correlations must be clearly admitted. The concept of the *crystallization of delusions around sensorial data of an abnormal sort* must be entertained for some cases at least. It would not be safe to neglect these somatic data any more than it would be well to neglect the patient's turn of mind, his critical (though perhaps forgotten) emotional past experiences, or his ancestry. It might prove that the results of careful physical examination would have much to do with the diagnosis, or even the prophylaxis, of certain delusional conditions.

PSYCHOANALYSIS AND SOCIETY

BY TRIGANT BURROW, M.D., PH.D.

ALL great scientific theories sooner or later filter through to the masses of mankind, modifying their opinions, altering their conduct, shaping their lives. It has been so with the theory of evolution throughout all its implications upon the side of organic variation and development; it will be so with this theory as regards the aspect of evolution that concerns itself with the modification and growth we call functional. For the lineal, developmental, historical point of view of evolution is common to the psychological as well as to the morphological sphere of biology. In the latter the mind of man is reflected upon his own structure. He looks back upon the course of his organic development and presumes to study his physical descent. In the study of genetic psychology mind becomes reflected upon its very self and man makes bold to discover the origin of his soul and to reconstruct from genetic sources the components of his own ego. Thus the genetic position applies equally to psychology as to morphology and the method of biology becomes throughout supreme. Accordingly there is no element of experience, whether mental or non-mental, but may be submitted to biological analysis.

The psychoanalyst, therefore, who is a consistent student of mental life is not less committed to the genetic viewpoint in his study of the factors entering into the determination of the modifications and reactions we call mental, than is the student concerned with the analysis of phenomena occurring within other spheres of biology. Accordingly, man is as much the product of evolution in respect to his mental as to his anatomical make-up. For the psychic, no less than the physical organism is subject to inevitable genetic laws and mental phenomena stand in rigid conformity to evolutionary principles which it is the task of psychoanalysis to retrace.

Virtually, psychoanalysis, being the application of Darwinism to the psychic sphere, represents essentially the obverse of organic evolution. As its concern is with biology

in its functional aspect, psychoanalysis is but the extension of biology into the realm of consciousness; so that in explaining mental phenomena it invokes the same principles to which biology is throughout committed. For in the regressions of function characteristic of the neuroses we recognize an analogy to the retardations of development occurring in the organic world. As in these organic involutions of type there are presented the rudiments of an ontogenetic and a phylogenetic process, so in the homologous psychic regressions there is instanced a reversion to a remote, primitive, biological mechanism appearing originally in ethnic as well as in individual development.

Darwin ascribed various emotional reactions to a primitive, instinctive mechanism tending toward the amelioration and the preservation of the individual, such as the defensive reaction of pallor and other vasomotor reactions subserving the purposes of emotional escapement; similarly Freud converts the phenomena of hysteria and allied states into biological terms and reconstructs its symptoms upon the basis of primitive, defensive mechanisms inherent in the race.

The distinctive feature of psychoanalysis then is its revival of apparently extinct trends, such as constitute a common ethnic possession and have their seat in the mental protoplasm, so to speak, which we describe as "the unconscious." Thus the unconscious is the repository of an obsolete past, the reliquary of an early, archaic existence. For there reside in the unconscious the propitiatory superstitions of savagery; the teleological mechanisms of hallucination and projection in which are based the religions and mythologies of the race. It is in the unconscious that the neurotic enacts the secondary rôle into which he withdraws from the scenes of actuality, and it is here that the harassed mind indulges the delusions through which it abates the poignancy of reality and escapes into the fantastic world of the psychoses.

Such a biological interpretation of mind as is necessitated by the analytical method is fraught with far-reaching significance to society. For in thus reducing to their ultimate, genetic components these various manifestations of the human soul, with its deepest aspirations, its tenderest yearnings, its most sacred affections, we are destroying the springs of

those primitive sentiments which have actuated all that is best in human conduct. For psychoanalysis is subversive of those forms of religious belief upon which society is founded and in which it subsists, annihilating the conventional incentives so strong in the life of man to-day. Beliefs which the world has held most sacred are reduced to the level of "psychological mechanisms," and are ranged upon a common ground with other biological phenomena. The conception of creation is such a mechanism, having its ontogenetic counterpart in the familiar, distorted birth-fantasies characteristic of childhood. In the light of psychoanalysis the narrative of the Book of Genesis shows strongly the influence of the inevitable incest conflict. The conception of a Heavenly Father becomes an unconscious "projection" mechanism whereby the childhood of the race seeks to perpetuate its human progenitor. The heaven of tradition is but an unconscious wish-fulfillment representing the early dream symbolism of primitive man. The triune personality of the Deity traces its source to an unconscious sexual symbolization. Again and again throughout religion and mythology we meet representations which in the light of mental evolution are to be interpreted as residues of the same symbolic impulses that led to the ancient phallic worship. Thus the traditional beliefs in which man is sustained to-day become mere recrudescences of unconscious mechanisms originating in the infancy of the race — mere survivals in the process of man's psychic descent, traceable in every instance to the dynamic instinct of perpetuation. While psychoanalysis has no bearing upon the realities underlying the symbols of religion, yet the above considerations have unhappily led to the conclusion that philosophically psychoanalysis becomes a name for the utter abrogation of religion and the apotheosis of sex.[1]

[1] Since psychoanalysis is concerned with the biology of the instinctive, infantile, organic mental processes generically subsumed under the rather ineptly named category of "the unconscious," and with the bearing of these dynamic impulses of the primal mind upon prevailing sociological tenets, the present paper is logically as innocent of complicity in questions of philosophy, metaphysics, or religion as, let us say, a dissertation on the photochemic reaction of amœbæ. There is, however, in the present discussion, because of its formal juxtaposition

Parallel to these social implications there are the analogous deductions in respect to the individual. For since psychoanalysis interprets neurotic disorders as consisting solely in the distortion of the psychic demands of sex into symbolic equivalents through the patient's repudiation of this primal instinct, it is but natural to expect that the logical therapeutic procedure in these conditions lies in reconverting such fruitless substitutes into their original trend through recourse to sexual indulgence. One would expect that conditions due to blocking of an outlet were to be relieved through clearing the outlet. But we need distinguish very carefully between the aspect of sexuality that is somatic and that which is psychic and clearly recognize that the affections which come within the province of psychoanalysis are essentially *psychological* disharmonies, and that their treatment depends therefore upon resort to psychological and not to somatic agencies. Else, were normal sexual indulgence the panacea for neurotic disorders, how are we to account for the existence of a neurosis in individuals indulging regularly in the sexual relation? How are we to reconcile the presence of a neurosis in patients who in their sexual lives are veritable Don Juans? There appears to be some discrepancy here, for evidently in these cases indulgence fails to meet the demand. Therefore, it seems to me highly pertinent to inquire how far, if at all, the certificate of indulgence is essential to the psychic health of the neurotic and to view the social and moral aspects of the situation confronting us in this connection.

with these domains, at least an *implicit* likelihood of misconstruction, which it were, perhaps, wise to avoid.

Let it be said then that the writer would on no account wish to be understood as failing to distinguish between abstract philosophical truth *per se* and the concrete form in which such truth finds its pictorial embodiment. Such a method of reasoning were indeed a gross philosophical fallacy. While psychoanalysis shatters the image, it leaves unimpaired the *essentia* whereby it is animated. Though it efface the symbol, there remains the reality discernible behind it.

Let it be remembered then that psychoanalysis is concerned alone with the lower mental forms presented in the instinctive reactions we call *unconscious*, while on the contrary the concern of philosophy is precisely with the later psychic modes expressed in the higher intellectual processes we call *conscious*, and that at no point do the two spheres unite.

Now that psychopathology is outgrowing the dark age of neurological superstitions it recognizes that there is a psychology as well as an anatomy of disease. We now know that psychic disorders are not essentially neural, but moral; that these conditions reside not in the cortex, but in the conscience. In other words, the morbid process confronting us is essentially a disease of the totality we call the soul; consisting of divided elements at war with one another, the one trend autoerotic, infantile, egoistic, *unconscious;* the other moral, social, altruistic, *conscious.*

In a formal way at least psychopathology has always recognized this inherent opposition in the psychic life of the nervous invalid. It has also recognized the possibility of converting the more confined, individual trend into the broader social outlet of collective interests and of group activities generally.

This transformation of primary, unconscious trends into maturer, more intellectualized conscious expression, a process of which Ernest Jones has recently given us a most ingenious account, is one of the most important chapters of Freud's psychology. Among the collected essays of the "Neurosenlehre" there is one in which he speaks of the definite correlation between certain infantile, sexual trends and the characterological traits into which these trends issue in the process of sublimation, and he has elsewhere discussed the pedagogic import of this relation in determining the appropriate direction of sublimation in a given individual.[1] The sublimations afforded in general through artistic pursuits are only too familiar to us all. How adequately the sexual instinct may be sublimated through the religious life is also a matter of common observation, society having attested its recognition of the complementary positions of religion and sexuality in its injunction of celebacy upon the priesthood.

Now as the nature of a neurosis is a moral conflict in which the patient is torn between the contrary impulses of right and wrong, that is, of reason and instinct, and as through recourse to repression and substitution such an individual has resolutely declared in favor of the latter, that

[1] Recent observations of Brill's tend to add corroboration of Freud's view.

is of loyalty to self-imposed command and resistance to the gratification of self, does it not follow that the appropriate avenue of sublimation for the neurotic in general lies in the direction of renunciation, of character, of the moral ideal? In other words, does it not seem that the logical sublimation for *unconscious* repression is *conscious* control?

Every psychopathologist witnesses daily the characteristic conscientiousness of the neurotic patient — his fidelity to purpose, his devout conviction of duty, his deep, respectful sense of his obligations. The neurotic individual is essentially a moral individual and the neurosis which represents the struggle of the higher self of reason and will against the lesser self of instinct and brutality is thus the very essence of character-building. For character is respect for the permanent, the ulterior, and the social as opposed to the immediate, the limited, and the personal. In a word, it is loyalty to the social ideal. Though psychoanalysis may show this ideal to be of very humble biological origin, though it be proven the mere reaction to repressed sexual fixation, it is the ideal still, and as such presupposes the sacrifice of the invididual to the larger social weal.

The question is then, shall psychoanalysis seek to cure the neurosis through the shattering of the social ideal? Are we to say to the men and women who are made aware through analysis of the sexual complexes underlying their onerous ideals, "Let your ideals go! Ideals are fantastic, neurotic. Obey your instincts and so be at unity with yourself?" Well, it is one way of deciding the issue. But it is the way of mediocrity and concession. It is the selfish, personal, and impermanent way, not the way that looks to the larger social interest.

The men from whom the world has drawn its inspiration have always been characterized for their devotion to the social ideal; they have been men who have ever scorned to accept personal comfort at the detriment of the body social, who have ever refused whatever advantage was not attainable upon high, honorable terms. It is such men who by their conduct have elevated biology to a conscious, social level, who have raised the plane of society and improved the condition of the race.

The conflict embodied in the neurosis is one which will continue while life lasts, for the infantile, instinctive demand is ever present and insatiate; but while admitting its importunities into consciousness and even into conduct if medically the need be, it seems to me the duty of the psychoanalyst to recognize and to take sides with the splendid power of resistance, so strong in the neurotic, against life's cruder demands, and by converting it into a conscious, open, reasonable resource to assist him in the attainment of a higher manhood. He does not silence the lesser, instinctive need, but at least he is contributing to the production of a higher, more conscious type.

Perhaps from the viewpoint of therapeusis alone the attitude here taken is not the most immediately rewarding, but my position is that psychoanalysis is responsible not alone to the individual but to society as well, that it has to take cognizance of the civil as well as of the personal issues entailed.

It seems to me therefore that to seek to remove unconscious repression through the sublimation afforded in conscious control is not only logical, but is ethically the only attitude for the psychoanalyst who is fully sensible of the deep social significance presented in the drama of the neurosis.

I trust that my attitude will not be construed as an overture to the *sentimentalizing* spiritual adviser or mental healer. Contrary to such a concession, it is here maintained that as ethical principles are genetically but the sublimated reactions to factors which are ultimately biological, these broader social and ethical issues are as essentially the problem of the psychopathologist as the more immediate nonmental factors to which tradition has hitherto restricted him, and that, therefore, the condition of society is most to be assisted when its obligations to psychopathology are most fully recognized.

A NOTE ON THE COLOR SENSE IN RELATION TO THE EMOTION OF SEX

BY GEORGE HENRY TAYLOR, L.R.C.P.S., SYDNEY, N.S.W.

A PERCENTAGE of human beings and birds have in common an inherited emotional factor which finds its expression in musical sounds. In bird life the musician is a male, excepting the rare case where a caged female bird exhibits the emotion of song. The inherited emotion in each variety of singing bird is expressed in a sequence of notes peculiar to itself, although the quality of note may vary a little in different birds. By the selective breeding of caged birds the quality of note can be improved. For example, by mating finches of different varieties, the offspring acquire a song which is a blend of the notes in the song of the male bird in each variety. Such birds are not fertile. No doubt the female bird admires with a keen appreciation the color or song of her mate, but it is doubtful whether the color or song of a male bird is a delight to others of his sex. A bird in a cage when singing appears to be in a state of rapture, and does not then give an observer the suggestion of intelligence as it does when with head aslant it is alert and observant.

The period of sexual activity in singing birds alternates with a longer period of sexual calm, when male and female are associated in what is practically an asexual state. The sex song, therefore, of a singing bird is an emotional expression on the part of the male, sung under similar conditions season after season. There is an absence of the persistent sex-brooding of the human male and female, which extends throughout the sexual period of their life. The environment of the bird may change, but so slowly that it is practically the same year after year. The environment of the human unit, on the other hand, is comparatively unstable. The human male also appeals to the female through the emotions of song and color, though he is more promiscuous in his loves than is the singing bird. The non-creative musical male interprets the appeal of musical sounds according to his degree of emotional appreciation and expression.

The development of mind in human beings places male and female frequently on the same intellectual plane, and association on that plane may simulate a feminine element in the male, or a male element in the female, and occasionally the latter creates new manifestations of emotion in color and music. But as a rule the female is appreciative of the emotion of music, and not creative of music itself. It is further to be noted that in birds color and music are usually apart. The bird of brilliant plumage is nearly always songless, whilst the smaller singing bird is more frequently associated with somber feathers. The description I have given in former notes of the expression of emotion in a color-blind person, shown in his face and voice, was drawn from an extensive experience of men, who, from a color and musical standard, might be termed primitive persons. A much less extensive experience apart from this class suggests to me that when a person is blind to red and green, and also indifferent to musical sounds, the condition I then described in regard to the voice is accentuated. I infer, therefore, that when a person with a keen appreciation of musical sounds is blind to red and green there still may be a degree of color recognition through sound. When a person blind to red and green is in contrast to a person with a keen color sense, immediately prior to examination by Holmgren's Wools, the condition common to each mind is a degree of expectancy. The face and attitude of the red green blind is suggestive of a person who is listening; the face and attitude in the other, of a person who is watching.

In my small experience of musicians, I recognize two types: a color type which is bright and joyous, to instance Mozart, and a type which is introspective and gloomy with a comparative indifference to external objects, of which Beethoven may be taken as an example.

PROCEEDINGS OF THE AMERICAN PSYCHOPATHOLOGICAL ASSOCIATION, MAY 29, 1912

(Continued)

AFTERNOON SESSION

THE meeting was called to order at 3 P.M. by the President, Dr. Adolf Meyer.

Dr. Tom A. Williams, Washington, D. C., read a paper entitled "Juvenile Psychogenetic Disorders: Pathogenesis: Treatment."

DISCUSSION

DR. ERNEST JONES, Toronto: I would ask Dr. Williams how he explains the visions of these wild animals, snakes, etc., in the last case he reported.

DR. JAMES J. PUTNAM, Boston: I should like to ask Dr. Williams to say a few words more about his last remark. I understood him to say that he could not get at all the experiences in his patient's case, and that they were unimportant. I only wish to say that I think that these experiences of very early childhood are of the utmost importance, because, on the one hand, they are of a sort that most people have been in the habit of paying little attention to; and yet, on the other hand, they establish paths of least resistance which the subsequent development is likely to follow.

DR. TOM A. WILLIAMS, Washington, D. C.: It was not my intention to take a controversial attitude of the whole method of the fundamental basis of genesis of psychie disorders in children. I merely wished to point out some which seemed efficient in particular cases. I do not feel in sympathy with the attitude which assumes the relation of the child to his parents to be very important. It seems to me that in children there may be a recurrence to the recollection of affective experiences which have eventuated from dreams. The fact that this happens with everybody seems to somewhat invalidate the hypothesis that assumes them as the parent cause. With regard to what Dr. Jones has said, it was not possible in the half hour to endeavor to explain why this child did see particular animals.

DR. G. ALEXANDER YOUNG, Omaha, Neb., read a paper

entitled "Report of a Case of Versuchung Angst Attended by Visual Hallucinations of Homicidal Nature; Psychoanalysis."

No discussion.

Dr. Trigant Burrow of Boston read a paper entitled "Psychoanalysis and Society."

Discussion

Dr. James J. Putnam, Boston: I like the general trend of Dr. Burrow's argument so well that I should like to say a few words that may seem critical, though they are not intended to be such. What I would say should be considered as a supplement to his views rather than antagonistic to them. It seems to me that psychoanalysis is to be regarded as more or less on a par with the natural sciences, and, being on a par with the natural sciences, it does a certain work and no more. The physicist deals in certain constructions which he assumes and through which he is enabled to get at certain working theories which are of great value. The biologic evolutionist does no less. He takes an arbritrarily cut-off portion of evolution and assumes that in studying that he goes back to the beginning and passes from the simplest conditions to the more complex. In fact, however, I think he really does not go back to the simplest form of the problem. He leaves the question of the origin of the instincts, which we assume to be so primarily really untouched, and what we really need and should study as a supplement to psychoanalysis is philosophy in one form or another.

When we make any mental effort to recognize the infinitude of the mental capacity on one hand, and the finiteness of any definite expression on the other hand, and in doing that we really discover the first contrast in the struggle of life, and one which is logically anterior to the contrast which we discover through psychoanalysis. The neurotic patient feels that there is conflict in his own mind. It literally turns upon itself. As far as the matter of the religious question goes, I would not undertake here to touch on that subject at length. I entirely admit that the ordinary religious idea of God gets its color and form from the

projection of an earthly father; I do not, however, believe that it gets its first origin in that way. That is to say, the mind, in dealing with itself, is conscious of its own relation to the source of power which one may decline entirely to define, but which is logically the basis of our notion of divinity and motivates the desire to project the existence of an earthly father. So, too, in regard to the Trinity idea; I agree with the conception of the Trinity. It must also not be forgotten that there is a Trinity antecedent to that, namely, the mind recognizing itself as subject and object; and as lying down to relation between self anf object constitutes something which is present in every mental act, I do not think that we can very fairly assert that psychoanalysis strikes at the real origin of mental action until we really seriously look into the origin of life from that point of view. We do not come a single scrap nearer the origin of life by beginning with the child or with the germ or the egg. The question is, how did they come to be there? Then we come to a self-active force which is just as incapable of growth as electricity is, and find that we must account for that, and that, in a certain sense, we can account for it.

Dr. Ernest Jones, Toronto: Dr. Prince is incorrect in attributing to psychoanalysts the view that symbolisms are inherited. I should, perhaps, rather speak for myself, and say that I personally do not hold that view, though as a matter of fact I do not know any other psychoanalysts that hold it. It seems to me to be untenable on the ground that it would contradict the well-known biological law as to the non-transmissibility of acquired characters. The inference that psychoanalysts draw from the important finding that identical symbolisms occur unconsciously in the neuroses and consciously in more primitive races is a quite different one. Holding as we do that unconscious symbolisms are essentially of infantile origin, we consider it a valuable confirmation of the truth of our views when we find that identical symbolisms occur in the childhood of the race, here not being repressed into the unconscious, but remaining conscious throughout adult life.

Dr. Trigant Burrow, Baltimore, Md.: The reply which Dr. Jones has made to Dr. Prince's objection that

racial trends may not be inherited by the individual seems to me a sufficient answer. In pointing out the observed analogy between unconscious mechanisms existing in the individual and those inherent in the race I no more wish to adopt the view, in regard to the functional side, that the mental traits of the individual are of the nature of an *inheritance* from the homologous mental characters of the race than, in respect to the organic realm, I should pretend to espouse the view that the parallelism observed between the lineal phases of development in the phylogenetic and in the ontogenetic series could in any sense be regarded in the light of an hereditary descent. But just as organic or structural biology cites the progressive correspondence between the individual and the ethnic spheres of development in support of the evolutionary hypothesis of organic forms, so it seems fitting that functional or mental biology point to the analogous concurrence, in respect to the psychic side, in corroboration of the genetic hypothesis of mental modes and mechanisms.

The parallelistic notion of concomitance is surely to be sharply discriminated from the causal conception contained in the derivative idea of heredity.

In regard to Dr. Putnam's remarks I may say that I am wholly at one with him in the philosophical position for which he contends. In all that I have said, however, I find nothing in the least inconsistent with the philosophical views expressed by Dr. Putnam. Philosophy has to do with conscious deductions, while psychoanalysis is concerned exclusively with the phenomena of unconscious mentation. So that while analysis invalidates the symbols expressive of the archaic forms of religion, it does not encroach for a moment upon the question of the realities underlying them.

Dr. Isadore H. Coriat of Boston read a paper entitled "The Œdipus-complex in the Psychoneuroses."

Discussion

Dr. Brill, New York: I agree with most of the statements made by Dr. Coriat, but I would like to correct the assertion that only children who are predisposed to psychoneuroses usually show an exuberant love for the mother,

the Œdipus-complex. I must say that I have found the Œdipus-complex in just as many normals as in neurotics. In fact it is found in every individual, but whereas in the normal person it remains in a state of repression, the neurotic shows its influence on the surface and can never tear himself away from his parental influences. This parental influence is found in every individual, indeed our relations to our fellow-beings depend entirely on it. The first impression of a man is formed by one's father, and the first impression of a woman by one's mother. These father and mother images remain as a standard for our future estimation of men and women. We either like or dislike, depending upon how the person in question fits into the particular parental image. To be sure parents help to keep alive these feelings by giving the child too much love, as in the case mentioned by Dr. Coriat. When this happens the person may remain consciously attached to the parent. The Œdipus-dreams may be vague and symbolic, but some are quite plain.

Dr. Alfred Reginald Allen, Philadelphia: I am in entire accord with Dr. Brill that this is a very common, if not always present, complex of early life, and I think we find a residuum of the Œdipus, or rather its Abwehr, in the symptom shown by the young boy, say from seven to fourteen years of age, who wants to play with other boys, being ashamed of playing with little girls. What has happened to him is that he has repressed his love for his mother and he has symbolized all women with his mother, and they are abhorrent to him. I had a case, referred to me some time ago, of alcoholic excess. The patient has been the rounds of many neurologists and had been treated for this difficulty by other means than psychoanalysis.

I found by analysis that there was a very strong Œdipus-complex. I unearthed the fact that at four years of age the boy had watched his father in considerable danger of losing his life, with a feeling of interest, almost pleasure, but absolutely no feeling of regret whatsoever. Shortly after that we find him playing altogether with boys, eschewing girls, then we find the homo-sexuality appear, which homo-sexuality is kept up until the present. Al-

though I have many months' more work to do on the case I think in all probability his dipsomanic attacks are of the nature of pseudo-abreactions to repressed homo-sexuality.

Dr. Ralph Reed: I had one case in which the tendency of the mother to give an over-affection was very marked, except that it resulted in a neurosis in an unexpected direction. The man came to me to complain of a psychic disorder. I found the mother had slept with the son from the time the child was born, the son being at that time twenty years old. The mother had banished the husband from her bed, sleeping entirely with the son. The consequence of that was that the mother secured such a dominance over the husband that she assumed for the son a masculine rôle and he developed a psychic disorder.

Dr. Ernest Jones, Toronto, Canada: I should like to ask what relation Dr. Coriat has found in his cases between this complex and the symptoms the patients were suffering from.

Dr. I. H. Coriat: In all the material analyzed I found that the symptoms of the psychoneurosis reappeared late in life. All phobias were symptoms of repressed incest trend, or in most cases reactions of defense against these ideas. The Œdipus-complex appeared only in those patients who were exposed to an over-exuberant love from their elders.

Dr. L. Pierce Clark, New York City, presented a paper entitled "Remarks on Psycho-Genetic Convulsions and Genuine Epilepsy."

Discussion

Dr. Ernest Jones, Toronto: I should like to compliment Dr. Clark on his remarkably interesting paper. There is hardly any more important problem of the present day than the differentiation between true epilepsy and the various allied disorders. We seem to be reaching the position that the majority of cases diagnosed as epilepsy are of an organic nature. There are certainly, however, cases of psychogenetic convulsions that are absolutely indistinguishable from the true epileptic fit, a fact which has been known for many years, though the truth of it is even yet denied

by some neurologists. It is, therefore, a safe rule to go by that one should never make the diagnosis of epilepsy unless there are other evidences of the disease, notably character changes, apart from the fits. As I described in a paper two years ago, one can, by means of finer methods of observation, particularly by the word-association reaction method, find definite indications of these character changes long before there is evident mental deterioration. Even in regard to the genuine cases themselves, however, Maeder's studies have shown that much light can be thrown on the psychology of these patients by means of psychoanalytic investigations, and in a way that no anatomical study can ever be expected to; the changes in the cortex throw no light whatever on the character changes and other mental features of the disease. Maeder has in a very happy way endeavored to formulate a general expression for the basic biological changes, and has in so doing explained in great detail most of the symptoms. So that even in genuine epilepsy we are encouraged to continue our study of the cases from the mental point of view.

Dr. Morton Prince, Boston: I wonder whether many here have seen those very interestong biographical pictures made of epileptics in their attacks, by Dr. Chase, many years ago. They were very striking. He made moving pictures of patients in fits. A very striking point that they brought out was the entire lack of any type to the epileptic fit. I remember a distinguished English alienist, who was present, would not believe that epileptic fits did not happen as classically described. He had seen thousands of cases, he said, and "ought to know." After he had seen these pictures he had to admit that he did not know what an epileptic fit was. There were scarcely two alike. From what we saw in those pictures we might almost say that there is no typical epipeltic fit at all. In taking my histories I have often required the patient's relatives to carefully observe and analyze a fit and report to me. I was early impressed with the variance between their reports and the descriptions of text-books. I felt that these observations were free from preconceived perceptions: that nothing was read into the fit. These reports early led me to doubt

the classical descriptions as given in text-books, and I believe they more clearly corresponded with the later biographical pictures.

I would like to ask Dr. Clark whether he does not think that aid in the differential diagnosis, which has sometimes bothered me, may not be obtained by inquiring whether there were such psychical symptoms as phobias, fixed ideas, and so on, present. If present they would cast suspicion, at least, upon the epileptic fit. I would lay weight on those symptoms as a guide to the character of the fit in doubtful cases. Of course epilepsy may complicate the psychasthenic condition.

Dr. I. H. Coriat, Boston: I would like Dr. Clark to put in a few facts how clinically to distinguish between psycho-epilepsy and genuine epilepsy, particularly if the attack is general and not limited.

Dr. Brill, New York: I had some experience in analyzing cases of so-called genuine epilepsy. I recall one remarkable case that has been diagnosed and treated for nine years as a case of genuine epilepsy. When the woman came under my observation she had a few attacks daily in spite of consuming very large doses of bromide. I soon became doubtful as to the diagnosis, and concluding that it was a case of hysteria I analyzed her for about nine months with very good success. It is now two and a half years since I have discharged her and she had no recurrent attacks. I hesitate to report this case as cured, although the analysis appeared complete and the result would seem to warrant it, because experience teaches that even genuine cases of epilepsy sometimes stop for a few years only to return again. But there is no doubt that the psychogenetic factors play a part in even the genuine epilepsies. Thus I recall an epileptic with pre-epileptic episodes in my service in the psychiatrical clinic at Zurich, who was to be sent home for a visit at the Christmas vacation, when he began with one of his episodes. He was told that unless he stopped he would have to forego the visit. He stopped the episode and was sent home, but as soon as he returned he merged into his usual attack. Such cases would lead one to think that it is worth looking into the psychogenetic factors of all cases of epilepsy.

Dr. Ernest Jones, Toronto: Dr. Hughlings Jackson said to me the last time I saw him, "If you think of taking up the study of epilepsy follow this advice, start all over again at the beginning and study the individual attacks you see without any preconceived notions." In reviewing the opinions held ten years ago with those of to-day his advice seems good.

Dr. Adolf Meyer, Baltimore, Md.: I am somewhat impressed by the optimistic attitude shown in the facts communicated when I compare these utterances with those of Dr. Ulrich, with whom Maeder did part of his psychoanalyses. Ulrich was distinctly under the impression that in cases of epilepsy psychoanalysis had not made any headway from the point of view of therapeutics. It is an extremely difficult problem because somehow the epileptic undoubtedly shows a liability to fluctuations which are bound to show in the disease curve — as, for instance, the effect of any novel or startling treatment which very often reduces the frequency of attacks in an institution for a time in a marvelous fashion. I mention the somewhat negative statement of Ulrich in order to encourage the publication of careful and explicit and full accounts of any cases in which claims of beneficial results are being made. In regard to hypnosis we also know of favorable results, but the criticism regarding this has been exactly the same, that epilepsy is an extremely variable disorder, and observation for long periods usually reduces the optimism to a fairly low level. For the demonstration of favorable effects by psychoanalysis it will be very important to give full accounts, and I should not shirk from the appearance of too great length if it is necessary to carry conviction. Moreover unless in such a series the cases are again controlled and reported upon five or ten years after the first report the author should be criticised for lack of scientific conscience. The lack of obligatory revisions and of completion of the published casuistic material deserves the severest criticism as a most deplorable defect of our scientific practice in psychiatry and psychopathology.

Dr. L. Pierce Clark, New York City: I am glad to note that most of the speakers present recognize that the

differential diagnosis of convulsive phenomena must rest in greater part upon the so-called collateral symptoms present in a given case, and not upon the seizures themselves. If the seizures of epilepsy differ ever so little from the main symptoms of a so-called classic attack I look upon the diagnosis with suspicion until thoroughly observed. Psychoanalysis will invariably assist us in clearing up psychogenically produced symptoms in the fit, but will give no aid as far as the genuine disorder is concerned, as that is conditioned upon anatomic grounds. Undoubtedly incontinence of urine and tongue biting are the most pathognomic of epilepsy in differentiating it from seizures psychogenically produced. I have had a case under my observation for over three years in which there was tongue biting and passage of urine in attacks, and yet the disorder proved to be a psychoneurosis, and has been cured by psychoanalysis. She has had no symptoms for more than two and a half years. She has taken no sedatives. The case did not have the voice sign, the circumstantiality of speech, the abrupt phrase rhythm in conversation (sausage link conversation), memory defect, nor disposition of the epileptic make-up. The absence of all these collateral signs and symptoms in the make-up caused me to doubt the epilepsy diagnosis with the above result. I agree with Dr. Meyer in opposition to Dr. Brill, that the uncomplicated genuine disorder of epilepsy is little if at all modified by psychoanalysis so far as the convulsion phenomena itself is concerned. Regarding the curability of the genuine disorder, I published twenty-nine cases of cure or arrest, and hoping to find case material for at least one hundred epileptics for study, I was disappointed, as there were not a half dozen on record worthy of analysis. There were plenty of statements of per cents, but no actual case histories to substantiate them.

Adjourned 5.12 P.M.

ABSTRACTS

UNTERSUCHUNGEN UEBER DIE KONSTANZ UND DEN WECHSEL DER PSYCHOLOGISCHEN KONSTELLATION BEI NORMALEN UND FRÜHDEMENTEN (SCHIZOPHRENEN). (INVESTIGATION OF THE CHANGE AND CONSTANCY OF THE PSYCHOLOGICAL CONSTELLATION IN NORMAL INDIVIDUALS AND IN EARLY DEMENTS (SCHIZOPHRENICS).) *Von W. Pfenninger.* JAHRBUCH FÜR PSYCHOANALYTISCHE UND PSYCHOPATHOLOGISCHE FORSCHUNGEN, Bd. III, 2d Half. 1912.

Various observers in working with association experiments have noticed that certain stimulus words cause a lengthening of the reaction time, and that when the experiments have been repeated at varying intervals of time the same prolongation of the reaction time is present. Jung in his Diagnostic Association Studies has laid great weight on the lengthened reaction time, and also on the inability to correctly reproduce the reaction word, and has pointed out that the lengthened reaction time corresponds to a complex reaction, and such complex associations show a distinct tendency to incorrect reproductions.

The results of the reproduction experiments show that it is chiefly the complex associations which lead to a distortion of the reproduction and raises the supposition that in repetition investigations the complex reactions play a very important rôle and perhaps may be one of the principal causes for the change of reaction in repeated experiments. The association experiments also point out a means of determining the psychological daily disposition, and the reproduction experiments thus allow a certain insight into the constancy and change of the psychological constellation.

In his experiments the author used both normal and insane subjects, the latter of the dementia præcox type. Each of four men and four women, uneducated attendants, were given one hundred associations according to Jung's scheme, and the reactions and the time in fifths of seconds of each individual mistake was noted. This experiment was repeated with the same words eight times, at weekly intervals, with each of the eight subjects. At the same time the same experiment was performed with six male and five female subjects suffering from pure dementia præcox.

The work is divided into three parts: the experiments with the normal subjects, those with the insane subjects, and thirdly, a part devoted to reproduction experiments with six female dementia

præcox subjects and a female experimenter. Numerous tables are given to illustrate the results which are summarized by the author as follows:

Part I. Normal Subjects

1. The reaction time. In male subjects the reaction times are shorter than in the female. The curve of the average reproduction time decreases slowly and irregularly in the men, in the women it decreases rapidly.

2. Change of constellation. In men the percentage of change is less than in women. In men there is first a slow decrease in the percentage followed by a rapid decrease; in women a rapid decrease followed at the end of the series by an increase.

3. The women, on an average, show more than twice the number of complex reactions than do men. In the course of the investigation the average of complex reactions decreases very slightly in the women as compared with the men. Although there is a tendency to increase of the complex reactions, the individual series show more irregularities than was the case in the series of constellation changes or in the reaction times.

4. If the reactions to the first or second series showed several complex reactions, the remainder of the series showed more changes than those which were not so marked in the first series.

5. In the unchanged reactions the average time does not reach the general probable mean, but, on the other hand, this is markedly overstepped by a changed reaction.

6. Frequent changes are to be expected when there is an increase in the complex reactions in the first and second series. In the second series one may safely say that with an increase in the complex reactions one may expect a corresponding greater number of changes.

7. If the reaction time of the first series is increased one may expect changes in the next series, and indeed the earlier this occurs the more the reaction time increases over the probable mean.

8. Before a change the reaction time increases over the general probable mean, in unchanging reactions it usually remains under the mean.

9. In the repetitions changes especially occur where more than the average number of changes follow a stimulus word, therefore in complex reactions.

10. The changes most frequently fall in a row of associations which are disturbed by a persevering complex.

Part II. Insane Subjects

1. The insane subjects as a rule react three times more slowly than do the normal. One notices, however, that in the insane there are marked individual differences. The light hebephrenics or the paranoid cases do not show any special difference in the reaction time from the normal, in the marked catatonics, however, the reaction time is markedly increased. From this one cannot say that the individual associations are slowed, but that only the expression is retarded.

The course of the average times is as follows: the men begin with a high reaction time which decreases. The women, on the other hand, begin with a relatively short time which increases and then decreases again. These variations are understood as resistance phenomena in the psychoanalytic sense.

2. Reaction changes. There is a greater percentage of changes in men than in women. Towards the end of the repetitions the changes increase. The increase of the changes in dementia præcox (Schizophrenia) stands in connection with the increase of the complexes.

3. The number of complex reactions in men rapidly decreases, later it does not increase markedly, which is similar to the results in normal women. The women show an almost continual decrease comparable to that of the normal men. (Reversal of the psychosexual viewpoint.)

4. It is also to be noted in the insane subjects that if a reaction in the first or second series shows one or more complex characteristics there are, as a rule, more changes following than if such were not present.

5. Although the results have no regular value, it is to be noted that in the insane subjects, where there are frequent changes in the first and second series, there is an inclination to increase of complex reactions.

6. The elementary rules for the change and constancy of the constellation found in the normal subjects are also present in the insane, the only differences being in the indications of the affective focus, for example, the increase in the complex indicators.

Part III. Repetition Experiments with Female Experimenter and Female Subjects

1. The curve of the average time is nearer the type of the corresponding curve of insane men than to that of the women.

2. The curve of frequency of complex indicators nears the corresponding type of insane men as well as that of normal women.

3. Here also the first and second series is shown to be prognostically important for later changes. The results again approach those of the normal women and insane men.

CHARLES RICKSHER.

CONTRIBUTION TO THE PSYCHOLOGY OF THE SO-CALLED DIPSOMANIA. *By Dr. Otto Juliusburger. Zentralblatt für Psychoanalyse*, July-August, 1912.

By dipsomania we understand a recurrent uncontrollable craving for alcohol; in the interim the patient is temperate or even a total abstainer. There are various theories to explain dipsomania. According to Kraepelin and Gaupp dipsomania is closely related to epilepsy, inasmuch as the attack develops rather suddenly, and it strongly simulates the epileptic mood. Anxiety, profound depression, heightened irritability, oppression of the head, weariness of life, anorexia, insomnia, and sexual irritation stand out prominently in the foreground. Ziehen maintains that in fifty per cent of his cases epileptic twilight of consciousness (Dämmerzustand) was usually present, and only in rare instances could an hysterical state be demonstrated. It should be borne in mind that in the epileptic cases the amnesia was more strongly developed and was restricted to the very early period of the attack. One-third of his cases belonged to periodic melancholia, which usually ushered in with a marked anxiety affect; the rest of the cases were grouped with periodic mania. Ziehen states that he had seen cases of dipsomania following pathological intoxication. Cramer is of the opinion that dipsomania is not the effect of habitual drunkenness, but rather a recurrent pathological state determining the dipsomanic attack. Stöcker shares Gaupp's views, and in his recent book he declares that in his cases, besides the dipsomanic attacks, there were other stigmata of epilepsy. Wernicke held that the peculiar periodicity of dipsomania could only be elicited in a small number of cases, and, therefore, he believed that dipsomania could not be grouped with periodic mania. According to his conception there is a disturbance in the continuity of consciousness; at the break the normal personality forms authoctonous ideas, through which alteration and deterioration of character results.

Juliusburger does not agree with Kraepelin, Gaupp, Ziehen, and others that dipsomania is a disease process. He holds that dipsomania is a peculiar mental state with an underlying psychosexual mechanism, and in support of his view he describes a case

in detail and also refers briefly to analyses of other cases. It will not be amiss to allude to the clinical history of the author's patient.

The patient appears to be a young man (the exact age is not known), married, and for the past five years has been subject to attacks of dipsomania, which recur occasionally, once a month, every fortnight, or twice a week, and which last a day and a half; in the interim he is said to be temperate. In the attack the patient visits the same restaurant; he drinks wine and sack, and remains there till 9 P.M. The restaurant keeper is his relative by marriage, and with him the patient calls at another café, where they continue to drink till he (the patient) again comes to his senses. Then he returns home and sleeps for six or seven hours. On the following day the patient does no work, but sleeps most of the time. It is interesting to note that in the second restaurant the piano is usually playing, and that in neither place are the servants female. In the café he wishes to sing and express himself forcibly; however, he does not utter vulgar or obscene expressions. In this state women do not appeal to him, and, as a matter of fact, he has no sexual desires.

In regard to analysis: At the age of seven he drank whiskey from a bottle, and following this he had convulsions, but not since then. When eleven years old he began to masturbate; the first time he had practised this habit with his schoolmates, but they did not indulge in mutual onanism. Since the age of nineteen he masturbated occasionally, which usually bore a direct relation to intoxication. The same was true of married life. At fourteen years of age, while doing his lessons in a room where two girls were sleeping, one of them seized his hand, with which she fondled her genitalia. From the age of seventeen up till the time of his marriage he indulged in promiscuous intercourse.

There are a few facts of his marriage which should be emphasized. The restaurant keeper was his wife's uncle, of whom he was very fond. He kept company with the niece, but at one time wished to give her up, and for this reason made some effort to avoid the restaurant, but was unsuccessful. Finally he married her. After marriage he quarreled with her uncle, and at about that time his wife left for Vienna. In her absence he did not visit the uncle's café, and during that period he abstained from liquor. Three months later he met the uncle, and was then reconciled to him. The uncle insisted upon his visiting his restaurant, and from that time on the patient resumed his habit.

According to Abraham, craving for alcoholic beverages abolishes more or less the sublimation of the homosexual activity,

and the homosexual component comes to the surface. Juliusburger asks the question whether or not from the realm of the unconscious homosexual activity is capable of stimulating the craving for alcohol, sociability, and joyousness, whereby the inverse action of alcohol precipitates the gross outbreaks of homosexual act.

In his case the patient was well developed heterosexually, and the homosexual component was repressed. The latter sought gratification from time to time, and, indeed, by means of alcohol he was able to gratify his repressed wish. It must be emphasized that after drinking the patient had no desire to consort with women, but masturbated freely. Onanism is regarded in his case as a homosexual symbol, and Juliusburger maintains that not in all cases is the homosexual mechanism the underlying phenomenon of dipsomania. In other instances the auto-erotic complex was apparently responsible for such a condition.

The author is of the opinion that there is a striking analogy in the mechanism of the alcoholic and that of the masturbator. It is well known that there are people who persistently prevaricate about masturbation,— even the most trustworthy and honorable men are not ashamed to lie upon direct questioning. They deny it upon their word of honor; nevertheless they continue to masturbate. A similar parallel is found in the alcoholics; many people cannot resist the temptation of alcohol, although it produces a detrimental effect. They promise not to resume this habit, and, moreover, they most solemnly affirm that they have not taken a drop of liquor. In spite of that they drink on the quiet. "In the ever-recurring wish to enjoy alcohol, preferably by himself and in secrecy; in the attempt to deny it to himself; in the inability to resist temptation; and in the conflict to lie, and at the same time to avow that he leads the life of a total abstainer,"— in all this there is a strong substitute for the auto-erotic complex.

Juliusburger offers worthy reflection upon the study of alcoholism; indeed it must be remembered that alcoholism and drug habit are the most difficult problems in modern psychopathology. The mechanism of such habit is not so simple as it appears. It would be ultra-scientific to seek explanation in the blind force of heredity, in the unfortunate environment, or in the theory of auto-intoxication. The persistent, continuous indulgence in alcohol and drugs is decidedly psychopathic. In some patients we can definitely elicit psychopathic stigmata. Individuals who are predisposed to constitutional inferiority of the volitional type easily become addicted to alcohol and drugs. If our patients would render themselves to more careful scrutiny and study, ab-

normal personality of a definite type and reaction in the large majority of our cases could be possibly demonstrated.

Mental life is complex, and its complexity bears a direct relationship to our longings and cravings, which are determined by conscious and unconscious forces. In some other place the reviewer has expressed himself in the following manner:

"Some of our cravings are gratified; others find realization in our dreams; still others are repressed and compensated. In fact, our mental life is nothing but a readjustment of complex reactions. The poet finds recourse to his phantasies; the philosopher gives vent to his theoretical speculations; the scientist resorts to his inventions and hypothetical theories; the well-balanced normal individual seeks adjustment in healthy activities,— art, literature, science, occupations, sport, etc., etc. But the individual with a poorly endowed constitution finds refuge in neurosis, psychosis, alcoholism, drugs, and other vicious habits. We must recongize that the alcoholism is nothing but a compensation for a complex, the fulfillment of which was denied by reality."

It is very lamentable that the habitues of drugs and alcohol, who come to the physicians for treatment, have already suffered considerable injury from the pernicious influence of those drugs, and some are congenitally defective to such an extent as to be incapable of subjecting themselves to psychological treatment. It is well known that the continuous use of alcohol and drugs produces detrimental effects upon one's mental life; the patients lack self-control; they become emotionally unstable; their judgment is faulty and they view serious situations in a superficial manner; alteration in personality and character results; and they gradually show a tendency to lie and deceive. With such patients psychotherapy, especially psychoanalysis, is practically of no avail. While temporary relief in some instances can be effected, permanent cure is hardly conceivable. The psychoanalytic method is especially available for such patients only as show no evidences of intellectual, emotional, or volitional deterioration. At the present time we must be content with the study of the personality of the alcoholic and habitue of drugs, and with a better knowledge of the psychopathic manifestations in alcoholic and drug intoxications we shall be in a position to institute rational prophylactic measures.

Morris J. Karpas, M.D.

Psychopathic Pavilion, Bellevue Hospital, New York.

LE EMOZIONI E LA VITA DEL SUBCONSCIENTE. (*The Emotions and the Subconscious Life.*) *By G. C. Ferrari. Rivista di Psicologia,* 1912, Vol. VIII, No. 2, pp. 93–118.

Ferrari advances the hypothesis that, just as the cerebro-spinal system is the organ of conscious life, so the sympathetic, or more broadly, the autonomous nervous system furnishes the physiological basis for the emotions and for the whole sphere of unconscious life. This hypothesis, which Ferrari refrains from calling a theory because of our present imperfect knowledge concerning the functions and structure of the sympathetic nervous system, appears to agree well with the James-Lange theory of the emotions. It also accords well with Binet's conception of the emotions. According to Binet we must distinguish between an emotion and the consciousness of it. The two are not identical states. An emotion, for Binet, is a more or less violent mental attitude of an indeterminate nature. It differs from an intellectual act only in degree. The organic reactions, vascular, glandular, muscular, etc., which are the concomitants of any perception subsume the emotion. The perception of these organic peripheral modifications by the brain determines the emotional attitude and represents the consciousness of the emotion. But the attitude may arise before it is consciously perceived. In other words an emotion may exist independent of awareness. This would suggest a different organic basis for the two acts,— the emotion and the perception of it.

This functional dualism is a notion apparently supported by various clinical and biological data. Consider, for instance, the grosser or more primitive emotions, such as fear, anger, etc., which are distinguished by James and other psychologists from the subtler intellectual and æsthetic emotions. Their manifestation is accompanied by very strong peripheral changes, largely motor, which we call the expressions of the emotions. In the phyletic series these motor responses and other physical reactions on the part of the bodily organs and structures had once a protective value for the race. Vital functions are governed, in so far as the activity of the bodily organs is concerned, by a special nervous system. Since this system — the sympathetic — has no other function apparently than to control vegetative life and activities, it seems but logical to attribute to the sympathetic also those protective functions of which the well-known emotional expressions and attitudees in man and animals are the external index. Indeed, a functional dualism of the nervous system appears to exist even as low down in the scale of life as insects. Beetles stung by

cerces major, a kind of wasp, are paralyzed but do not undergo decomposition, under conditions which should favor the putrefactive process, so that they are fit food for the larvæ of *cerces*, when the latter emerge after the death of their parent. The division of the nervous system of beetles into ganglia is not only a matter of structural convenience, but apparently implies functional differentiation as well. The ganglia controlling the vegetative functions of beetles are not affected by the poison of *cerces* as is the remainder of their nervous system. The wasp takes advantage of this fact to provide its young with food.

Clinical proof of the fact that emotions and consciousness thereof are two distinct functions or neural acts is found in such cases as the one described by D'Allones, in which a melancholiac woman (anesthetic over a large portion of her body) showed all the external signs of emotion without feeling any. Probably the case would not have shown melancholia if there had been complete anesthesia to emotions, but apathy, as in another case, reported by Semon; but even in D'Allones' case the contrast between the diminished emotional consciousness and the thoroughly conserved emotional gestures and attitudes was sufficiently great to justify the suspicion of a dualistic function. Some lesions of the cerebro-spinal system which were found in this case may have impaired the recognition of the subjective emotional state induced by the functionally normal sympathetic system. Conditions in other mental diseases suggest a similar hypothesis. Progressive paralysis, for instance, is supposed to be induced by a degeneration of the cerebral blood vessels and consequently of the nervous structure. The patient is euphoric. Rigidity of certain peripheral vascular reflexes may account for the blunting of the subtler emotions and for the subject's optimism. The megalomaniac illusions of the paranoiac are not symptoms of the same order: while the progressive paralytic fails to appreciate the contrast between his illusions of greatness and his willingness to engage in menial work, the paranoiac appreciates the discrepancy and feels that he must explain his preoccupation with tasks below his imaginary station in life. In other words, while progressive paralytics (and also melancholiacs) show a distinct discordance between the intellectual and emotional spheres, suggesting strongly a functional dualism of the central and sympathetic nervous systems, the dissociations peculiar to paranoiacs point to a splitting up of functions or a dualism taking place wholly within the sphere of cerebral activity. Such widely different traits as gregariousness in the sphere of social psychology, and, in that of individual psychology, interest, which is the main-

spring of attention, as well as of the whole mechanism of memory, and which controls largely our associations, may be looked upon as functions of the sympathetic,— tendencies insufficiently individualized to become conscious but powerful enough to determine our emotional disposition, to modify and regulate our conduct, leaving to consciousness the justification of their operations and end results. Incidentally this suggests a theory of habit superior to what has been propounded heretofore.

It seems that certain stimuli may affect the sympathetic nervous system directly. This may be the case particularly with the instinctive and apparently unreasonable attractions and repulsions in animals. The sensitiveness of some persons to a cat, of whose presence they are not otherwise aware, the tremor of limbs, perspiration, and other signs of fear in horses that have to travel a path crossed by some wild animals, and other such familiar facts indicate a deep-seated defensive reaction probably under the control of the sympathetic. Indeed it is hardly likely that such protective reactions were relegated to the brain centers at some period in the phyletic history of the race, only to be transferred back to the sympathetic. The external manifestations of emotional life, it will be recalled, are vaso-motor, glandular, etc., that is, they are based upon contractions of unstriated muscular fibers which are under the control of the sympathetic. The traces of muscular contractions which German psychologists call *Bewusstseinslage*, and which play an important rôle in experimental work, may also owe their mechanism to the control of the sympathetic, and may be a reflex of the same order as the ciliary or ocular recti muscle response.

J. S. Van Teslaar.

UEBER GEGENSEITIGE ANZIEHUNG UND BEEINFLUSSUNG PSYCHOPATHISCHER PERSÖNLICHKEITEN. *By E. Meyer and G. Puppe. Vierteljahrschrift f. gerichtliche Medizin und Oeffentl. Sanitätswesen*, III Ser., 1912, p. 33.

The authors have had opportunity to study in some detail the mutual influence of two psychopathic characters who jointly committed a crime the details of which had been exploited widely by the German press and herein present their findings and conclusions.

The woman in question, Madame V. S., showed distinct psychopathic traits, including some hysterical stigmata; she was nervous, high strung, complained of headaches, vertigo, faintings, and

suffered of cramps as well as of repeated attacks of paralysis of her limbs; her bodily activities were at low ebb so that she complained of a disagreeable feeling of weakness, of inability to meet the issues of life. On the mental side she showed, besides, great irritability, very unstable temper, weakened will power and corresponding heightened suggestibility. Her moods changed frequently, she flew easily into rage if she could not have her way; a number of times she attempted suicide, though perhaps not very seriously. She had also passed through periods of confusion with partial or total amnesia. Higher ethical concepts were wanting in her, though she covered her shortcomings in this respect rather cleverly. Upon those close to her she made the impression of being an overgrown child, pampered and spoiled as are many of the women belonging to her social set who lack any serious aim in life. Those who knew her less intimately failed to notice anything out of the ordinary in her, so that she passed for a normal person. As is almost universally the case with such persons her sexual life was far from normal. She possessed a distinctly perverted sexual trait. The infantile character of her sexual longings and fancies, though perfectly clear, remained apparently unrecognized by the authors of the present study. Thus, for instance, they speak of her wailings over the death of her husband and parents as wilful exaggerations. It seems strange that the authors should have no explanation to offer for the woman's tenderness towards the dead beyond the flimsy and superficial remark that it is the product of her morbid phantasy and in keeping with her tendency to exaggerate.

The data concerning the man in the case are less thorough, but the authors have learned sufficiently about him to enable them to give a fairly comprehensive outline of his mental make-up. He was an army officer, well educated, a very efficient and energetic man and of high social standing. He, too, possessed certain psychopathic traits. The important point about the man, according to the authors, is that these traits burst forth with full force only upon his unhappy association with the woman. It required the psychopathic character of a woman like V. S. and intimate association with her to bring about V. G.'s downfall.

The trait in his character which furnished perhaps the strongest bond of union between the two was his passion for heroic display. He was vainglorious to a morbid degree, ready to rush, Don Quixote like, to the assistance of one in apparent or real distress, if by doing so he could figure as a daredevil. His military career, undoubtedly, and the traditions of military life have had something to do with the sharpening of his character just as the particular trait in question may have been what turned him, in

the first place, upon a military career. His sexual life was also steeped in the subnormal. He possesseed homosexual traits and was addicted to various perverse habits with the result that he brought himself into a state of psychic impotence. His tendency to exaggerations and particularly his marked cynicism were no doubt intimately related to his sexual abnormalities.

It was but logical that a man of daring type should appeal to the weak-willed character of Mme. V. S. The weak always admire the strong just as the hungry envy the well fed and small-souled moral weaklings are loudest in the praises of virtue and honor. Moved at first by compassion for the woman's unfortunate situation within her family circle and later by jealousy, V. G. plots to obtain her freedom. In keeping with his erratic spirit and joy of adventure his plans, instead of revolving within the bounds of socially countenanced action, assume the wildest and most extreme forms. Robbers' masks, poisoning, shooting, all the deeds of romantic fancy figure in his plans. The woman nags him on with stories of suffering and distress until the desire to help her out of the situation becomes an obsession with him.

In contrast with his attitude the woman, weak of will, though nagging him on, is at the same time secretly taking measures to avoid serious conflict. Not only does she lack the will but at bottom she lacks even the wish to become free. The situation in its tense and strained form affords her immense gratification. She adds to her secret delight by intensifying the situation with new stories of maltreatment.

The particular point which the authors emphasize in this study is the fact that, in a certain sense, the two psychopathic characters figuring in this drama completed each other. Through the interaction of their traits they rounded out a type capable of committing a crime of which neither person alone would have been guilty, so that the crime may be said to have been committed by a sort of composite personality. But the interdependence of character and traits not only among psychopaths but throughout social life is universally recognized; the fact itself is too common to require additional documentation, so that this feature is not the most important, and certainly not the only one that should have been sought out in connection with such interesting data. Whenever two persons are thrown together it is fatal that they should react upon and influence each other. So thoroughly is this fact acknowledged that the mutual influence of psychopathic and other types, for good or bad, forms the perennial theme exploited in every form

of literature and figures in every dramatic plot from the serious "problem" play to the one act melodrama. With the data that the authors have had the opportunity to obtain from their subjects who were intelligent enough and also willing to give a complete account of their inner experiences, a psychogenetic analysis of the earliest character-forming experiences of childhood would have been possible. Not only would have such a study proven well worth while, but incidentally it would have furnished definite means of ascertaining just what importance may be justly ascribed to the mutual influence of the psychopathic characters under consideration. One of the most important contributions of psychoanalytical research is the evidence it brings forward showing that the fundamental traits of our character are formed in infancy and early childhood; these traits may be brought into bold relief in their blunt form or may be sublimated into ethically higher forms, but they are not moulded anew by the accidental meeting of some person or other in adult life.

J. S. Van Teslaar.

APROPOS OF THE DOCTRINE OF RESERVE ENERGY. *By Tom A. Williams, M.B., C. M., Edin. Presented to the Southern Society of Psychology and American Association for Advance of Science at Washington, December, 1911.*

Using the conception of the subconscious as applying to a special series of nerve processes, energizing independently of those which are the bases of the thoughts of everyday life, a psychological theory has arisen that these subconscious processes constitute energies which may be regarded as a reserve (James) susceptible of being utilized by means of special associationizing processes. On this basis a therapeutic method is employed. (Sidis.)

This theory depends upon the postulate that the threshold of excitation is somewhat inversely proportionate to the richness in associations of the constellation to be excited. This postulate regards the inhibition of energy as synonymous with its storage, forgetting that inhibition itself is a greedy consumer of energy. So that the absence of manifestation of energy, to a superficial examination at least, does not connote its storage or reserve on these grounds at least.

Nor is the fact that useful work is not done by any means an index that energy is not expended; for a very little observation

shows that it is extended in fatuities and sterile activities. (Author's *Precocity*, Ped. Sem. 1911.)

So that the principle of channeling energy would be more correctly substituted for the principle of reserve energy. The result of what is called training, that is, technical methods clearly show this difference. (Human Engineering.) The trained man may spend less energy than the untrained man, but his work is more effective in result because more wisely expended.

AUTHOR'S ABSTRACT.

REVIEWS

LAUGHTER: AN ESSAY ON THE MEANING OF THE COMIC. *H. Bergson. Translated by V. Brereton and F. Rothwell.* The Macmillan Company, New York, 1911, pp. vi, 200.

Those familiar with Bergson's philosophy know what emphasis this thinker lays upon the elasticity, the uniqueness, and irreversibility of all modes of human life. Any action that tends away from the wonted elasticity towards the reversible, the stereotyped, or mechanical is recognized instinctively as untrue to life and provokes laughter. The comical, then, consists of the splitting into parts, its fundamental theme is the tendency to a mechanization of what should appear only as an evolving continuum.

Laughter is a social instrument for the correction of all tendencies towards the inelastic, the stereotyped, or the mechanical in human life. As such laughter implies a certain amount of indifference. At any rate the comical, the object of laughter, lies outside the sphere of one's direct interest or concern. Anything that relates directly to our struggle for existence cannot very well serve us at the same time as the object of derisive correction. We can ill afford to laugh at a joke at our expense. If our emotions participate strongly in a certain act, if we are particularly interested in our neighbors, we are rendered thereby unable to appreciate the comical in them. The ideal condition of the comical is one of aloofness: the attitude that favors it best is that of simple curiosity not weighted down by any self-interest. It is only in such an attitude that laughter exercises fully its corrective influence.

Comedy revolves around the similar and the typical. It is therefore unlike art, which aims to "bring us face to face with reality itself," and also unlike reality or life, which is a struggle away from the mechanical; it occupies a sphere of its own between true life and the artistic representation thereof.

These are, in brief, the principles on which Bergson explains the meaning of laughter and of the comic. Conceived as they are in charming language of unsurpassed poetic beauty, it is little wonder that within the dozen years or so that the work has been before the public it has reached numerous editions in France and other countries. The author's analysis of art, contained in this work, though incidental to its main theme, has become justly celebrated and is looked upon by some as containing some of the happiest thoughts which have been penned on this subject.

The English translation is fairly satisfactory. Bearing in mind that Bergson's peculiar style renders the task of translating his thoughts into foreign dress full of difficulties, one may pass over lightly some slight inaccuracies and a few inelegant expressions occurring particularly in the first part of this English rendition.

J. S. Van Teslaar.

UBER DEN TRAUM. EXPERIMENTELL-PSYCHOLOGISCHE UNTERSUCHUNGEN. *J. Mourly Vold.* Herausgegeben von O. Klemm. Leipzig. 2 vols. 1910–12.

These two volumes contain a complete record of certain experimental researches on sleep extending over a period of years. The author's object was to study the influence of somatic stimuli upon the production of dreams. The experiments are given in full. They consisted mostly of the application of stimuli to the foot, ankle, arms, or back. The records of dreams obtained during the experimental sleep were compared with the subject's dreams under ordinary conditions. The observations abound in details which are interesting in themselves, but the practical bearings of which are difficult to estimate. It seems that the author has gone to considerable trouble to record deductions in the main well known. The work has the merit of embodying the largest amount of experimental data on the subject with which it deals, but new results are even more scant than those which Maury obtained over a quarter of a century ago.

Various Freudian notions are corroborated in this work. Flying, for instance, also the mounting steps, have been found to be related to sexual fancies. It is particularly interesting to note that the Freudian contention that many dreams represent memories of one's own birth experience is also corroborated.

J. S. Van Teslaar.

DEMENTIA PRÆCOX ODER GRUPPE DER SCHIZOPHRENIE. *A. Bleuler.* F. Deuticke, Leipzig und Wien. 1911.

Bleuler's conception of dementia præcox is very broad. It includes a great number of the disturbances hitherto classified loosely among the psychoses. The condition is not a species of disease, but partakes of the nature of a genus having varied clinical manifestations which frequently masquerade as different nosological entities. In fact, Bleuler recognizes no distinct line of cleavage between dementia præcox and the normal state. On the contrary, in keeping with the modern dynamic conception of our

mental activities, he maintains that all degrees of transition from one state to the other may be met. The schizophrenic state may be latent, and an acute outbreak may be due to various inciting factors, but these should not be looked upon as the real cause of the condition.

The term dementia præcox is considered misleading. Bleuler prefers the designation schizophrenia because it recalls to mind the most characteristic feature of this large group of cases, namely, the splitting of the psychic functions. Throughout the work, although emphasis is laid upon the psychological aspects, no other important feature of the subject is neglected. It is evident that all the sources of information available on this subject, from the classical work of Kraeplin, whose services are fully recognized by Bleuler, to the latest psychoanalytical researches have been drawn upon to supplement the author's own painstaking clinical studies. This work will rank as an excellent specimen of German scholarship and learning.

The author's division of clinical manifestations into primary and secondary is already known. The symptomatology of dementia præcox considered thus far was largely secondary and, in a sense, superficial. It is only within recent years that the primary and really pathognomic features of this group of disorders have been recognized. In the first part are discussed the fundamental symptoms,— the loss of proper power of synthetization as shown mostly in stereotypies, and the insulation of affectivity,— the change in the emotional attitude progressing to complete apathy. The subject's grasp of reality becomes markedly impaired on account of his loss of the faculty of synthetization; dreamy states become predominant, leading to so-called dementia. The subject's intellectual condition depends upon the nature of the complexes; he is insane only with reference to certain constellations or complexes. The primary modifications in the subject's affectivity and ideational processes form the background for and determine the course of the well-known secondary symptoms.

Certain somatic disturbances are included by Bleuler in the category of primary symptoms; among these are some forms of metabolic disorder and of central paralysis with which it may be associated, inequality of pupils, vaso-motor troubles, the tremor of acute states, the edema, certain catatonic attacks. There are also present, in the psychical sphere, as part of the primary syndrome, certain disturbances in the associative processes, particularly a flattening of the association types. A peculiar disposition to hallucinations and to stereotypy are probably also among the primary symptoms.

Bleuler's well-known classification of the condition into four distinct groups — the paranoid, catatonic, hebephrenic, and simple schizophrenic — is explained fully in the second chapter, devoted to a discussion of the secondary symptoms. Here the sensory illusions, memory disturbances, and alterations of personality, as well as the usual somatic disorders and acute syndromata, including the catatonic symptoms, are considered very carefully.

The tenth chapter, devoted to the psychopathic theory of dementia præcox, is undoubtedly one of the most important, and may rank as a classic in psychiatric literature. The author's extreme caution is noticeable throughout. He does not appear anxious to assume an air of finality even about conclusions but little susceptible of doubt. Briefly stated the etiology of schizophrenia is formulated by Bleuler somewhat as follows: The symptoms of this condition represent positively, in part, and possibly, as a whole, nothing more than a more or less unsuccessful attempt to escape from an unbearable situation. The primary symptoms alone represent, properly speaking, or stand for the schizophrenic condition. The secondary symptoms are psychic functions under altered conditions, and represent an attempt at readjustment with the conditions created by the primary disturbances. The attempt may be more or less successful in a certain sense, at times it is wholly so.

A thorough understanding of the psychogenetic foundations of this disorder can be gained only through the application of the psychoanalitical method of research. In spite of all care taken to avoid leading questions it was found that in most patients all pathogenic complexes were sexual. In certain few cases other complexes were found responsible for the condition, and sexual complexes apparently stood in no closer relationship to these pathogenic factors than they may bear associatively to almost any complex within the mental sphere. This was the case more often among men than among women. In a few instances, also among male patients, it seemed that the sexual complex was actually overshadowed by other pathogenically more active complexes. On the whole, however, sexuality furnished by far the greatest number of complexes in nearly every instance. One consulting this work should not fail to appreciate that psychoanalysts are by no means inclined to ascribe to the sexual complex a greater rôle than its importance warrants; nor do they arbitrarily reduce everything to terms of sexual symbolism, as some suspicious critics would like to think. Bleuler has been as careful and guarded in his conclusions as a true man of science

should be. If psychoanalists seem to over-accentuate the rôle of sexuality it is because this factor has been so misunderstood and neglected, even avoided, thus far, that to uncover its true import alone is sufficient to create the illusion of undue stress in the minds of those who, for one reason or another, would rather avoid the subject.

J. S. Van Teslaar.

L'ANALYSE PHYSIOLOGIQUE DE LA PERCEPTION. *E. Abramowski. Collection de psychologie experimentale et de metapsychie*, Vol. XX. Paris, Bloud et Cie. 1911. Pp. 120.

This monograph is devoted, as is indicated by its title, to a discussion of the neural foundations of perception. The doctrines presented in the first part of the work will find ready acceptance, as they are, on the whole, in agreement with current psychological teachings. Thus, for instance, the theory, serving as a foundation for this analysis of perception, that every state of consciousness is traceable to a group of active physiological elements, chiefly nervous, is one commonly accepted and no valid argument can be raised against it, except where it is implied that these active physiological elements exhaust the whole content of the conscious state, as this author seems to maintain.

Numerous factors enter into every act of perception. A visual perception, for instance, implies the stimulation of certain sensory areas, peripheral, subcortical and cortical, and of a group of mnesic foci located in the frontal lobes, the stimulation of which serves us the purpose of particularizing the object responsible for the optical stimulus by giving it the character of "something known"; certain simultaneously aroused coenesthetic reactions invest the whole experience with a more or less definite affective tone; finally the simultaneous activity of other sense organs, though for the time submerged below the threshold of awareness, contributes something to our manner of perceiving the visual stimulus in question.

The author's classification of mental processes is interesting. Starting with their physiological correlates as a basis, all mental processes are grouped into four categories. This division depends on the relations between the various neural foci which are aroused more or less simultaneously, the order of their succession and their mutual influence. Presumably every aroused neural group has a stimulating effect upon the neighboring ones. Then, too, every new activity must exercise some inhibitory influence upon the ones immediately preceding. We may have therefore (1) the case of a

new neural group aroused associatively and joined to a previously active group or chain of groups, giving rise, on the psychical side, to subjective variations in perception and consequently to changes in judgment. (2) Or the dissolution of part of the chain; some foci simultaneously aroused in an act of perception may become released so that the perceptive function is carried on only by the remainder; psychologically this gives rise to dimness of perception, or dysgnosia, and is recognized as fatigue as indicated by the downward slope of the attention curve. (3) Furthermore the active neural foci, after a portion of the chain originally aroused by some stimulus has lapsed into disuse, may attach themselves to a new group; this may be assumed to be the neural counterpart of association of ideas. (4) Finally, the sudden arousal into activity of a dormant chain may cause an equally sudden arrest of some functionally active group or chain of neural foci and may thus bring about, on the subjective side, violent emotions and possibly also the various states and degrees of suggestibility.

Equally interesting are the author's observations on the influence of different moods upon the character and quality of our perceptions. The state of joyful expectancy, for instance, lends a brighter coloring and a greater luminosity, a more cheerful air about the objects of our perception. In the "depressed" mood the colors are correspondingly subdued and "toned down." This is a subject of particular interest to psychopathology.

The author defends the popular notion that, in their last analysis, nervous processes are but a counterpart of metabolic changes. Psychism is mainly, if not wholly, a matter of neuronal nutrition. Not only that part of the nervous system which is the seat of metabolic activity at a given moment enters into the formulation of consciousness at that moment, but as all bodily tissues undergo metabolic changes, the whole body may be said to be divisible into a part that is living because active and a part that is dormant; and in a certain sense it may be said that consciousness inheres in the whole "living" part. Recourse must be had to the method of concomitant variations in order to determine exactly what this living part may be at any particular moment.

These are, in outline, the author's contentions. A glance at the philosophical problems involved reveals many vulnerable sides to such hypothetical speculations, but a review is not the proper place in which to refute them. It may be pointed out only, in passing, that by carrying his materialistic conception of psychic functions halfway across the length to which it leads logically, the author finds himself in the very midst of a vicious circle out of which his materialistic doctrines could not help him emerge. The admission

of a rôle to non-nervous structures in the synthetization of consciousness is the last thing one would expect from a writer who would revamp for us Moleschott's phosphorus theory of brain activity. There is but a slippery step from the notion that non-neural structures, by reason of their metabolic processes alone, are capable of taking part in the highest form of psychic activity, consciousness, to the doctrine of panpsychism, the very extreme which such writers as the one under discussion strive to avoid and against which all materialistic hypotheses are directed.

J. S. Van Teslaar.

STUTTERING AND LISPING. *E. W. Scripture, M.D., Ph.D.* New York, MacMillan Co., 1912. Pp. viii, 247.

All the forms of stuttering and lisping are treated under three general heads in this new book on speech defects. First, each form is discussed from an etiological standpoint; for example, from that of an anxiety neurosis as a cause for stuttering; or of the spasticity in speech as a neuropathic disposition in the background; or of the stutter that comes from seeing ghosts, fire scenes and surgical operations.

Secondly, the mechanism — the physical functioning speech mechanism — that expresses the stutter or lisp in speech is analyzed and illustrated in prints of numerous kymograph records, faces in contortion and other externalizations.

And thirdly, the treatment is followed in great detail, based of course on the well-investigated etiology and executed with regard to the proper vocal mechanism and psycho-physiological relations. For example, the treatment of lisping after its classification into organic, neglect and neurotic lisping with explanation of the mechanism is described. Exercises for breathing, inculcation of slowness and enforced proper thinking are outlined and presented.

In the course of the investigation of etiological factors the book takes up in a brief but clear way psychoanalysis, showing how (1) the material of dreams comes from the preceding day; (2) how every dream is a wish fulfillment still unfulfilled; and how (3) the language of dreams is not direct except with children, but symbolic.

In another place an outline for voice examination is given with lists of surds, consonants, acclusives and fricatives, with their numerous ways for defective expression and the treatment therefor.

Thus almost one hundred pages of clear, concise presentation of voice defects, their diagnosis and treatment, makes the best treatise on the subject in English yet published.

WALTER B. SWIFT.

TRAUM UND TRAUMDEUTUNG ALS MEDIZINISCH–WISSENSCHAFTLICHES PROBLEM IM MITTELALTER. *Paul Diepgen.* Berlin, J. Springer, 1912, pp. 43.

The recent revival of scientific interest in dreams extends to the historical and cultural aspects of the subject. Diepgen's monograph is devoted to the medieval theories concerning the origin and meaning of dreams. It is based on carefully selected sources and reviews with considerable accuracy the misty, speculative atmosphere of medieval thought as portrayed in the speculations concerning dreams and their meaning.

Needless to add, there is little in these speculations that appeals to the scientific spirit of to-day. To the modern, practical mind, the naïve ebullitions of a dogmatic age unacquainted with the modern methods of scientific analysis appeal only as curiosities of thought. The dream theories which were prevalent during the Middle Ages are thoroughly characteristic of the ecclesiastic atmosphere which pervaded every form of speculation at the time; they show the usual servility towards the great arbiter of medieval thought, Aristoteles, and but little more.

Occasionally a bright thought or some happy induction strikes a note of discord in the midst of the senseless mire of ecclesiastic mysticism so characteristic of the medieval spirit, and reminds one that even the heavy dogmaticism of the medieval period was unable to stifle altogether the common sense of men who would dare think for themselves. The writings of Albertus Magnus are particularly surprising in this respect. His Summa Theologica and Summa de Creaturis contain some observations which, taken by themselves, sound like the common-sense observations of a modern type of thinker. Thus, for instance, the fulfillment of certain dreams portending disease is explained without appeal to the supernatural (something many a "modern" mind has not yet learned to do). The explanation which Albertus Magnus offers is so simple and logical that it can hardly be improved upon to-day; and Bergson, for instance, in a lecture on dreams, a few years ago, explained the occurrence of dreams foretelling disease on the same basis.

Such dreams, Albertus Magnus explains, are actually caused

by the earliest beginnings of the disease. The symptoms, weak at first, are registered by the mind earlier during sleep when the mind is not distracted and wholly absorbed by the stronger stimuli from the surrounding world. Many slight irritations from the body or stimuli from the outside remain unobserved during the waking state because they are overshadowed by the stronger excitations and stimuli incident to active daily life. With the onset of sleep, the mind, relieved of attention to the stronger stimuli, turns to the weaker impressions demanding recognition.

This medieval writer is bold enough to suggest the possibility of mere coincidence to explain why some dreams come true, but too much stress need not be laid on this point, as his "incursus accidentalis" is a medieval concept which has lost standing in the field of science.

On the whole it must be said that medieval theories of dreams have little to commend them to the attention of practical people. Attempts at dream interpretation were common, but the work depended entirely on the physician's or interpreter's ingenuity; phantasy and speculation of the wildest character had free play.

The rôle of symbolism in dreams was well recognized, but no working principle had been discovered. It is characteristic of the people's attitude towards the subject of sex that, of all things, reference to sex matters was rigorously avoided in dream interpretation. In view of the fact that sexual incidents intrude boldly upon the latent content and frequently also upon the manifest content of dreams in such a way that their sexual character is unmistakable, it is certainly reasonable to surmise that the medieval mind required a considerable amount of repression in order to avoid seeing anything relating to sex in the interpretation of dreams.

Dreams had no particular diagnostic significance in the Middle Ages. A dream could mean anything because everything depended upon happy analogies, and these were limited only by the interpreter's ingenuity. The dream had to do with the state of admixture of the bodily fluids or of the brain fluids, the temperament and the humoral diseases of the subject. The influences which made themselves felt in the interpretation of dreams during the Middle Ages, aside from the Aristotelian doctrines, emanated from the Orient and were chiefly Arabic.

The interpretation of some dream symbols is very significant and would repay careful analysis in the light of medieval habits of thought and culture. Thus, for instance, a snake in dream is looked upon by Arnold von Villanova as symbolizing an enemy, or at any rate evil. The occurrence of narrow passages forebodes, according to Rhazes, some ailment of the respiratory passages or

difficulties of breathing. Such interpretations are, in their turn, worthy of psychoanalysis.

J. S. Van Teslaar.

BIOLOGICAL ASPECTS OF HUMAN PROBLEMS. *Christian A. Herter.* The Macmillan Company, New York. 1911. Pp. xvi, 344.

This posthumous essay of Professor Herter, late of Columbia University, reminds the reviewer somewhat of Huxley. Taken as a whole, with the accent on biologic psychology and again on the social sex-relation, it constitutes an important contribution to the essay literature of recent years. The book lacks an index, and so greatly exaggerates the mechanistic view of life as to deny the freedom of the human will — these are its two glaring defects; neither of these, however, lessens its interest as a discussion of biologic socio-psychology.

The essay is divided into four "books": I, The Animal Body as a Mechanism; II, The Self-Preservative Instinct; III, The Sex Instinct; and IV, The Fundamental Instincts in their Relation to Human Development. The first of these deals with the notion of mechanism, heredity, and "Consciousness and the Will." Scientific fatalism and a somewhat veiled but out-and-out materialism are the heavy burden of this first part. "If we admit that the physical processes in the brain precede and cause the various phases of psychical life, we are forced to the assumption that the human animal is a conscious automaton. The consequences of this hypothesis are far-reaching and incisive." Every man certainly would admit these statements, and many, especially the multitude who feel more deeply than the microscope penetrates into human nature, will deplore a philosophy that goes no further. (The most curious thing about all these assertions that a thinking personality, even while constructing a meaningful contribution to the wisdom of the world, is a "conscious automatism" is that not a mother's son of them actually or literally believes it, protest he how he may!) "According to this [deterministic] view," says the author, "the sensation of willing is never primary or spontaneous, but always marks a reaction of the nervous system to some impulse or group of impulses originating ultimately outside the body." Here Professor Herter, and others who argue thus, like all disciples of Hobbes and of a narrowly false conception of Spinoza, are the veritable victims of a prejudice as dogmatic at least as ever animist expressed; for cold scientific analysis of the determinants of voluntary move-

ment will show any man (or else nearly all humanity is perpetually beguiled) that experiences, immediate experiences described in no text-book of physics, precede and determine every deliberate bodily movement. The ethics suggested in "nil nisi bonum, etc.," must not be extended to include a thesis even in a posthumous book so ultra "mechanistic" as this. Yet the higher wisdom, if it be not found in Wm. McDougall's "Mind and Body," is at least beyond cavil in a pragmatic and immortal word of the discursive but clear-seeing Cicero on *truth:* "Hi sumus, qui omnibus veris falsa quaedam esse dicamus, tanta similitudine, ut in iis nulla insit certe judicandi et assentiendi nota." We owe Professor Herter much for clear argument even on a trite theme and even to a conclusion which the present reviewer deems wholly unjustified by facts and principles far outside the range of biology. This is the sanction for including in a magazine devoted to abnormal psychology a review of this interesting essay.

Book II has a wealth of important biological and medical facts bearing on the instinct of self-preservation broadly considered, while Book III is a brief but thoughtful and frank discussion of the sex problems of society from the important biologic viewpoint. Book IV, on human development, contains valuable new comparison of dancing, music, and painting in some of their more patent biological relations, and the bodily basis of religion is briefly suggested. One chapter of this part deals with education, especially on the latter's need of sexual instruction and on the importance of observation and of the development of a primary power of judgment and of reason. "The problem of education is humanity's greatest problem, as it always has been and always will be." The last of the thirteen chapters of this volume deals with "the fruits of education," and among these "are an improvement in the position of women, changes in the distribution of the profits of business, changes in the methods and ideals of government, a great extension of the activities of science and of art, and some radical changes in the attitude of religious teachers," — these by the opening up of physiological paths.

Altogether this volume from the now silent pen of Professor Herter is an important contribution to many current problems from a standpoint strictly biological and mechanistic. In the former trend it certainly is in the most productive line of educational thought, and always it is interesting.

G. V. N. Dearborn.

Tufts Medical and Dental Schools.

BOOKS RECEIVED

A METHOD OF MEASURING THE DEVELOPMENT OF YOUNG CHILDREN. *By Binet and Simon.* Translated by Clara Harrison Towne. The Courier Co., Lincoln, Ill. 1912. $1.00. Pp. 83.

THE KILLILAK FAMILY. *By H. H. Goddard.* The Macmillan Company, New York. $1.50. Pp. xl, 117.

INSTINCT AND EXPERIENCE. *By G. Lloyd Morgan.* The Macmillan Company, New York $1.50. Pp. xvii, 299.

AN INTRODUCTION TO PSYCHOLOGY. *By Wilhelm Wundt.* Translated by Rudolf Pintner. The Macmillan Company, New York. 90 cents. Pp. xi, 198.

THE MEASUREMENTS OF INDUCTION SHOCKS. *By Ernest G. Martin.* John Wiley & Sons. 1912. $1.25 net. Pp. vii, 117.

OUTLINES OF THE HISTORY OF PSYCHOLOGY. *By Max Dessoir.* (*Univ. of Berlin.*) The Macmillan Company, New York. 1912. $1.60 net. Pp. xxix, 278.

385

THE JOURNAL OF ABNORMAL PSYCHOLOGY

FEBRUARY–MARCH, 1913

A PSYCHOANALYTIC STUDY OF A SEVERE CASE OF HYSTERIA

BY L. E. EMERSON, PH.D

Psychologist, Neurological Service, Massachusetts General Hospital; Examiner in Psychotherapy at the Psychopathic Hospital, Boston

THE following psychoanalysis lays claim to no subtlety of technic. Credit for concreteness is the only credit it can claim. It is deemed worthy of publication because the psychopathological processes, together with their causes, or to be strictly logical, their indispensable conditions, are so gross as to be easily discernable.

The last of January, 1912, there was referred to me, for psychoanalysis, a girl of about twenty-two years of age. She was unable to keep anything on her stomach. Neither food nor water would stay down. This commenced, she said, about six months ago. Recently, however, she had had also several serious convulsions. She had had convulsions before, off and on for about a year, sometimes having as many as five in one day, but had seemingly recovered from them, some two or three years, previously, at a sanitarium, where she had been sent for rest and treatment. The recovery then had seemed to be associated in some way with the death of her mother, which had occurred suddenly, quite unexpectedly. She said, "It came over me that I had to get better and I started gaining right off." From that time till last summer she had remained free from both convulsions and vomiting.

The girl lived at home with her father and an only

brother, a boy several years younger, for whom she felt a mother's responsibility, and to take care of whom, she said, she had really recovered before. But now he seemed no longer to need her care and the convulsions returning as well as the vomiting, she was terrified. She might well be disturbed at the convulsions, for besides interfering with her work which was that of a dress-maker, she had broken her hands twice, and while subject to the convulsions she was almost always bruised from falls. In a convulsion she thrashed about so, it took several men to hold her. She was a large-framed woman, nearly six feet tall, bony and muscular, but with a small, pretty and innocent face, like that of a young girl.

The vomiting was serious too, for even when she was not nauseated, her stomach automatically "turned over" and emptied itself, as soon as anything was taken. The patient was known to be an hysteric, and her convulsions and vomitings had been already diagnosed as hysteria, and I had been told also that when she was about ten or eleven she had suffered for a year from what was then called, "St. Vitus Dance."

I saw the girl first, for a preliminary interview, January 24, 1912. At this time she told me about her vomiting and convulsions and how she had recovered, before, at her mother's death. She said she had not known even of her mother's sickness till told of her death. This was a great shock to her, for she was absolutely bound up in her mother. She now felt she must take care of her brother and so she determined to get well. Whatever the determination had to do with it, she did start gaining, right off, and was discharged, in just two months, the convulsions having ceased.

At the second interview, January 26, the girl described more fully her feelings as following: "It's like a cloud— a blue feeling hanging over me. This cloud feeling came on in the summer. I didn't want to go to any place. Things I used to like to do, I didn't want to do. I feel like sleeping all the time, yet when I go to bed I can't sleep. I sometimes have the feeling I am walking in space; everything becomes blurred; I can't seem to bring myself to where I am. When the spells come on," she continued, "I can't

seem to keep my head about me — I go off, dazed,— I don't know anything."

The first convulsion occurred when she was about eighteen or nineteen. She attributed it to a "bad-test." She was a telephone operator, at the time, and was very nervous. "I was nervous before that, though," she said. "At school I was nervous; my imagination was big." Then she went on to tell me that in the seventh grade, when she was about eleven, she was taken down with "St. Vitus Dance." "I was in bed some months," she added. "They said I was out of my head. After that I remember trying to do things and couldn't — shaking."

"Were you ever frightened as a little girl?" I asked. "Yes," she answered. "I've had men chase me; fire; like everybody else." She told of being chased twice: once when about seven; and when about fourteen. But she had not been seriously frightened.

When asked how she slept, she said, "poorly." "I went to bed last night about eleven, but I couldn't sleep, so I got up at about one, and went down stairs. I stayed till four." She had dreamed last night; it was a "troubled" dream. "It seemed to be some place — I didn't want to be there. I was trembling all over — I often do that." That was all, however, she could remember.

At the next interview, which was Monday, January 29, she told of her intense antipathy towards her father. She said she had always felt badly towards her father. She wouldn't go to him as a child. She could remember how she hated him when she was five. Her mother told her it was so, she said,when she was three. Then she told of discovering that her father was not faithful to her mother. She was sixteen when she knew the terrible truth. "I followed him one night," she said. She followed him several times afterwards, she added, and corroborated, to her own satisfaction, her suspicions.

At our next interview, which was Tuesday, January 30, the girl told me that her father had accused her of killing her mother, through worry, etc.

Friday, February 2, the girl returned. She was feeling very badly. She said she hadn't slept the night before

more than an hour. She said she didn't wish to live, and added "I wish there was no such thing as life."

"Is that on account of your father?" I asked. "I suppose so," she answered, "I never used to feel so." Then she told me she had had another convulsion Wednesday night at 6.30 o'clock. At supper her father had asked her to go to the Wednesday-night prayer-meeting with him. She said she thought he was a hypocrite. While washing dishes she was thinking about it. "I didn't feel as though I wouldn't go," she said, "I was thinking whether I would go or not. I didn't really want to go, but I thought, if I can get ready I will."

It hardly seemed possible that her feeling against her father could be strong enough to cause a convulsion, yet in lieu of a better lead I followed that. She said she remembered when she was fifteen or sixteen, seeing her father strike her mother. "I couldn't believe it for a minute," she said, "I felt awfully bad. I think it was right after that that I grew suspicious. I didn't know anything about badness between man and wife, but when I found it out, I surmised where his money went to."

"What do you know about badness between man and wife?" I asked. She said, "the girls let it out." Sex knowledge shocked her, because she had thought the father-mother relation purely spiritual. When she first heard this she hardly spoke to her mother for a year. "I blurted it out to her one day," she said, "and after that I got over it. She said I ought not to feel that way, that was the way people did." But talking about these matters does not relieve her. She says she feels as though a cloud hangs over her all the time, as though some awful news were coming; something awful going to happen.

At the next interview the patient informed me that she had had another attack the night before, which had lasted three-quarters of an hour. She knew for a second that it was coming, then everything went dark. She had been sick in the afternoon and vomited and had been unable to eat any supper. She said "It seemed as if something were thrown over my head, and I couldn't see anything." This attack also had occurred at about supper time. Knowing her

feeling against her father, and assuming her nausea to be perhaps a sort of moral disgust at his sexual misdeeds, and hypocritical religiosity, I asked her if the nausea had not come from having to sit at the table with him. She said it had felt that way. But while moral disgust might lead to nausea, it certainly was no adequate reason for the convulsions which followed. To find an adequate cause for that I must search much further.

She told me of two lovers, one of whom she had given up, for the sake of the other, who, however, had died. She had never gone back to the first lover. On questioning her as to her first knowledge about sex she said, "It used to make the shivers go over me. Mother spoke of my loss of appetite, but I don't remember that I was nauseated."

I did not see the girl again till Monday, February 12. She told me that she had had another attack the day before at ten o'clock in the morning. Her father and her brother were home. She had had a dazed feeling with the "spells," as if her feet were not on the floor. When she came out of the attack she couldn't speak and did not regain her voice until eleven at night. She was now afraid she was going to lose her voice again. She first lost it when the "spells" started. This was the time she began to be worried, too.

I asked if she could remember anything she was especially worried about at this time. She said she was worried about her relations with Dick. (He was the one who died.) "I didn't go with him openly," she continued, "mother didn't want me to go with him, she didn't think he was a good fellow. She knew I met him at times in the street (father had forbidden me to bring him to the house), but she didn't know how much. I only went with him about six or eight weeks. It was about three weeks later that he died. It broke me up for quite awhile."

"Was he not really all right?" she was asked.

"I don't think he would have been all right if the girl hadn't been all right," she replied, but he was full of fun, and I had a good time with him. He fascinated me when I was with him. I looked for him; but once he was out of sight, I didn't feel the same."

"Did he ever take any liberties with you?" I asked, "or insult you?"

"No," she answered. "I was always on the watch because they said he was not a good fellow."

"How often did you see him?"

"I met him sometimes every night," she said. She then told me that he was a traveling man and away a good deal of the time.

"I don't think I would have gone with him at all," she continued, "if father hadn't forbidden it. I tried to see how far I could go and not have father know."

"And his death was a great shock to you?"

"No, I was rather glad; I felt relieved."

"Why?"

"Well, I had already thrown him over before he died."

"What made you throw him over?"

"We quarreled. Mamma was at grandfather's funeral; Papa was away; so I sent word that the house was clear. He came and stayed to supper. He wanted me to make him something for supper and I wouldn't, so he got mad. I had some of my girl friends in to supper, too, and afterwards, when we were playing games, he refused to play with me as a partner. Besides, I saw him cheat. So when he went that night, I told him he needn't ever come again."

About a month later he died, rather suddenly, and about four months after his death she had her first attack.

She had another significant dream, the night before. "I dreamed," she said, "I was in to see you again. You were trying to find out things. It seemed all the time as if I were afraid you would ask me something, but I couldn't think what it was, when I woke up."

The girl returned the next day, February 13, and said she had had no attacks. She had dreamed, the night before, that she was married to "that Dick." She had also dreamed the "old dream." "It seemed as if I were running away from somebody or something. I would stumble and ge tup and stumble. But it didn't seem as if anybody ran after me." She continued, "I have not had it for a long time but I used to have it often." She has a dream which she can-

not remember, but when she wakes she feels sick and is shaking all over.

The next day, February 15, the patient reported that she had had that awful dream.

I had the patient give me some free associations. After a long wait she said, "I can't tell everything that goes through my mind. I can't put them in words; I'd tell them if I could."

"You can tell if you will," I asserted.

"I can't," she said, "it just seems as if my throat were all closed up. They just go through my mind, but I just cannot speak them."

"What is it you see?" I urged. The patient was sitting with eyes closed.

"It seems as if I know, yet I can't speak it," she said. "It seems as if that dream were right back."

"Which dream?" I asked. And then we found that the dream was partly of her mother. She stood and was telling her not to tell or remember something. Her mother stood in front of the "cloud" and kept it from coming nearer, so she could not see behind it and tell what it concealed.

Three or four times she tried to get by that cloud and each time her mother stood in the way. Once she saw her pointing her finger at her. Her emotion was very great.

The next day, February 16, she said she had had another attack, and had hardly slept all night, till five, when she slept about half an hour. She had had no dreams. I asked her about her mother. "I keep thinking," she answered, "she wouldn't tell me not to tell anything." "I keep thinking back over my life to see if there is anything she could have meant."

"Tell me," I urged, "what it is that is troubling you."

"I wish I could tell," she replied, "it seems as if something kept going over me but I can't tell what it is — a thought and feeling both."

(The patient was sitting with eyes closed.) "What do you see now?" I asked. "I didn't get anything," she said, "only those old thoughts."

"What thoughts?" "I keep thinking I am not a good girl. It was as if a screen were opened for a moment; as if I

did see it for a moment, but couldn't. If I could only make myself, but I can't." "It looks as if something were being concealed," I said.

"I didn't think there was, but it seems that way," she answered. "It seems as if my mother were standing in front of something looking down at me in scorn."

"What for?" I asked. "I don't know," she said.

"Did some boy assault you?" I continued. "It couldn't be," she cried, "it can't be. But in that cloud she stands so condemning — like that something must be. It seems as if I might have been insulted, I don't know."

Monday, February 19, when I saw the patient next, she told me she had three attacks Saturday, but had slept splendidly Saturday night, and felt well all day Sunday. She dreamed Sunday night that she was in the woods. She seemed to be lost, and was running away from something. During our interview, she remarked, "It seems as if there were something I mustn't tell. It seems as if there were something there, but I couldn't tell it. Something seemed to flash over me and said, don't tell. It seems more like a promise, as if my mother were over me."

I asked her to close her eyes, and tell me what she saw. "Oh, I never can do it," she cried. "It seems a perfect blank and I have not got the courage to look. It seems that if I did the cloud would come." Despairing of ever being able to persuade her to look voluntarily, I put my hands over her eyes, and told her to look and tell me what she saw.

She sees a man; she sees herself; she is about eight or nine. She finally recalled that it was a neighbor. She was about thirteen.

She then had a slight attack, and was rigid, with eyes closed, but soon recovered. She felt terribly at the apparent corroborations of our suspicions. At first she refused ever to come back, but finally promised to return the next day, and kept her promise. On her return, she reported that she had not slept all night, but had had no attack; she had eaten nothing, however.

I pointed out the fact of sex running through everything; but made her responsibility in the whole matter seem

as little as possible. While she acknowledged it all it did not seem as though she were relieved. She still felt the cloud.

I put my hands over her eyes.

She saw the room again. After a while she saw woods. Her mind went from woods to room. In the woods she was about nine. She was running; she stumbled. She got up and ran on. She kept stumbling, and getting up, and running. At last a man caught her just as she stumbled.

Then her mind turned to the room. In the room she saw the neighbor again.

All this time I held my hands over her eyes. She writhed terribly as she was telling this. But she did not stiffen as she did the day before. She said she felt as though she had promised not to tell. It seemed as though she couldn't live.

When the patient returned, Friday, she reported she had had two attacks. On coming out of her attack Wednesday, her left hand was clenched, and she couldn't get it open till ten o'clock Thursday morning. She also had trouble walking up stairs. Her knees felt weak. She was in a dazed state a good deal Wednesday and she was unable to remember what she was thinking of.

I put my hands over her eyes again. She was now able to tell me more about the assault in the woods. But there was still a cloud. I insistently urged her to look. Suddenly she became stiff, and when she recovered, her left hand was clenched and both legs paralysed. She said that suddenly it went from her head to her legs. Being now paralysed she was admitted to the hospital.

I asked her what she saw in the cloud and she said, "Dick and mother."

It is interesting to note this transformation of the symptoms. During the interview the patient had every appearance of being about to have a convulsion, but instead of that she became paralysed. It was as if something were trying to come to her mind but could not get in, and was crowded instead into her legs and hand. Whatever happened, it carried with it a complete loss of voluntary control. The hand was clenched, about the thumb, and could not be

opened; the legs hung limp, flexible and utterly powerless; she could no more stand on them than if they had been tape. *What* it was, however, that flew from her head, and took refuge in her limbs, she did not know. Her nearest description was that it was a "cloud."

What that "cloud" concealed was now the object of our quest.

But before we start on that search, let me first say a few words about what has already been accomplished.

We have uncovered a psychic trauma. The assault in the woods was sufficiently serious to serve as a psychogenic nucleus for a psychopathic process.

Here is a reason for the recurrent "old dream," in which she ran and stumbled and picked herself up and ran on stumbling. Here is one reason for feeling that "something awful" had happened to her. Here is a reason for dreaming she was in the woods running away from something. Here is a reason for feeling she had hidden something. She had hidden this thing. She had never told anybody. And here is an adequate reason for the so-called St. Vitus Dance, which followed in a few months. Here, too, we may see the origin of the patient's strong feeling against sex. But the release of whatever repression that had resulted in the crowding out of consciousness of the memory of this early event, was not sufficient to afford any apparent relief. Much still remained to be done.

When I saw the patient the next morning she said she had slept better during the night than at any time for a long while. She had had no convulsions; neither had she been nauseated.

Of course Dick was the center of further suspicions. At my insistence she remembered and reproduced many scenes with him. But she could remember none of any especial significance.

I put my hands over her eyes.

She saw Dick (looking all right); mama (looking scornful); papa (laughing).

She couldn't get Dick off her mind, but saw and remembered nothing of importance.

Monday, when I saw the patient next, she told me she

had slept well and had had no attacks and no nausea. She had dreamed of Dick, but could not remember what.

She was fifteen when the girl at school told her about man and woman. At the time she grew weak and felt faint, and some girls seized her to keep her from falling. She had to stop at a friend's house before she went home. She never went back to school. Her knees have troubled her ever since. She said, "they felt 'rolling.'" She continued, "I don't think I ever thought of it, except I felt awfully whenever I saw the man."

The next day, when I put my hands over her eyes, she saw Dick and she saw her mother; she thought of the warning she gave her. Then her mind turned to the woods; then she saw the neighbor; then back to her mother and to Dick. She said "It seems to me that if I ever knew I'd never have any peace. It seems as if Dick, mother, father and I, were in the cloud. It seems to me that if I told it, it would be as much as my life to tell it." She said Dick and the neighbor seemed fused at one time. She sees the room at another. (When the neighbor attacked her she remembered he had choked her, etc., but she knew of nothing else.) She goes through the scene in the woods again, but not so vividly. She seems to be sick and Dick is kneeling and holding her hands. Her mother always stands in front of the cloud, and keeps it away. She fears lest her mother return to haunt her if she tells. Her mother forbids her to tell. She ends the session by saying "Dick seems to be asking mother if he may take me to the woods, and I am afraid to look for I know something awful will happen."

The next two days yielded little in the way of tangible results. But Friday, March 1, she said, "I am afraid I yielded to Dick."

"Would you not be willing to look and see if it is so?" I asked.

"I could look at it to get my feet," she said, "but I never could before."

Twice, by putting my hands over her eyes, I tried to help her look, but both times the vision of her mother prevented. Once she seemed almost to push her mother away, and afterwards felt remorseful, but to no purpose. At one

time she did see Dick and her mother talking, seemingly about her — Dick was cross and angry. Always it is the vision of her mother that stands between her and the knowledge she is seeking. Saturday, she said, "ever since I broke off with Dick I have thought of him. But no one ever knew it. I wish that he had never come in my life at all or he had lived and I could have had him."

Monday, she said, "I am all the time dreaming about Dick." She tried to stand but was absolutely helpless. Her hand remained contracted. Tuesday, she stated that the preceding night when she would lie down she would have an awful feeling; she would stand it awhile, and then it became like an external force and she would fly out of bed.

I put my hands over her eyes. She struggled terribly, but finally saw mother, Dick, and two beds. She couldn't see what was in one of the beds. Her eyes seemed strangely blinded. Wednesday, she showed, for the first time, a real emotional melting. She cried, and the hardness of her chin broke into quivering. Thursday, she said, "I am thinking all the time of the same thing. It seems as if it can't be so, even if I see it. It seems as if somebody wouldn't let me know."

I then put my hands over her eyes. She remarked, "It is just as if I had my eyes closed and wouldn't look."

"Try to look and know," I urged.

"I will try till I do conquer," she declared. "It seems as if I could know, but when I try I can't."

Friday, when I held my hands over her eyes, she had a very significant series of visions.[1] She saw herself lying on the floor. Then she went on, "Now Dick is leaning over me. Now there are other people coming in. It seems that if I could look I could know. It seems as if mother were trying to make me look, but Dick wouldn't let me. If mother came around it must be Dick who is keeping me from it."

Then Dick was leaning over her while she was lying on the floor; it seemed as if he had her hands, and as if he were trying to hold his hand over her mouth so she couldn't

[1] See second part.

tell. He seemed to be trying to prevent her looking, too. Twice I tried to help by holding my hands over her eyes, but both times she was unable to look.

Monday, March 11, I had her lie back in her chair. While reclining she gave me many associations, mostly about Dick. She described minutely the last day he was at her house; the pulling her down on the sofa; giving her a kiss; quarreling that night; telling him she didn't want to have anything more to do with him, etc. She thinks that it can't be that she actually yielded to Dick because if she had she wouldn't have felt so badly at giving him up. (She had had hard work to decide to do so.) And the feeling of relief she experienced at his death, she thinks was due to the feeling that now a real temptation had providentially been removed.

When I saw the patient again, the next day, I had her lie back in her wheel chair, close her eyes, and tell me what she saw.

After speaking of several things of relative unimportance, she said she saw the man who assaulted her when she was thirteen. In the picture before her mind, he had her on the floor. Suddenly she started violently, and I asked her what happened.

"Oh," she exclaimed, "I was just thinking of him and it seemed as if his face came right up to mine." She then went on to tell how badly she felt whenever she saw this neighbor.

This man comes occasionally to visit her father. The last time he was at the house she had to go for milk and he went with her. She felt terribly, and when she got home she was so weak she could hardly stand. Yet at that time she was not conscious of any reason for her feeling. Here then is a striking amnesia. Such an exciting experience for a sensitive girl of thirteen, as being thrown to the floor, by a neighbor, whom she disliked, to whom she had been sent by her mother, probably on some trivial errand, would not normally be easily forgotten. She would naturally remember how she picked herself up afterwards and got home. Here, then, is a problem.

The next morning, when I had her lie down, as before,

I questioned her as to this. She answered, "of course I know there is more, really, but I can't seem to get it."

She remarked, "Dick's face comes and fades away into somebody else's." She was unable to recall anything more, however, even after the most insistent urging, about the man who attacked her when she was thirteen.

When I saw the patient the next morning she stated that she had dreamed that a doctor had asked her why she didn't tell about the time when she was thirteen. I had her lie back in her chair and close her eyes. She reproduces the scene of the attack, as before. Then, as nothing further seemed to come, I put my hands over her eyes. She sees herself struggling with this neighbor.

While she was reproducing this she had the "troubled thought," and went on to say, "he would make me feel weak and faint and my head would ache and I would feel weak all over. But I didn't know why till I remembered the assault the other day," While I had my hands over her eyes she saw the neighbor, the room, and herself on the floor, but she could get no further. This time there was no interference by any vision of Dick or her mother.

The next morning the patient informed me that she had thought a great deal about the time when she was thirteen, but got nothing. It all seemed a blank. But, she said, now, this man and the cloud seem identical.

"Was it really so?" I asked. "Is it not all imagination?"

She asserted that what she saw yesterday was really so, but beyond that remembers nothing. I put my hands over her eyes. She sees the same scene. Each thing that she sees she remembers was true, but she can get nothing in her memory which was not forced by my hands being over her eyes.

The first thing when I saw the patient the next morning, Saturday, March 16, I said to her, "Can you not think of it as of a game yet?"

"It's no game," she replied, "of course I know it is true, I know that but I hope that it isn't."

Yesterday, she stated she could remember the attack better. It wasn't so much like a dream. "You couldn't get anything more yourself?" I asked. "Of course I can

imagine it," she answered, "but I can't remember anything more at all."

Monday, she remarked, "Yesterday, I thought and thought; it seemed as if I thought of nothing else all day, yet I couldn't get it; yet there seemed more." And when after a morning of fruitless effort I asked her if she didn't feel sorry at our lack of success, she replied, "I don't know how I can feel sorry when I know perfectly well there is something more and I can't look at it."

Tuesday she said she thought things over but didn't get anything more.

Wednesday, the patient said she remembered it was all as she saw it yesterday. "It wasn't imagination?" I said.

"Why no," she declared "I remember it happening." To-day, while I had my hands over her eyes, she got a little more. But she exclaimed, pathetically, "I can't help thinking there is some way out of it. Isn't it enough that I know it," and choked back crying. As has been said before she seldom cries. She didn't cry even at her mother's death.

Thursday, she said she remembered that what she saw yesterday was really so. She said, "I just thought till it seemed I didn't have any thinking powers left to think with," and added despairingly, "I can't help thinking he didn't do it. I don't remember anything more, it is all a mystery to me."

Friday and Saturday brought little advance. Friday she said, "it seems as if my mind goes to thinking something and stops right short." Saturday she remarked, "if I could tell and not know I was telling, but I really know all the time!" She continued, "I don't see anything but just what I actually know, now; I can't get my mind off it. I know it must have been so — I realize he must have, but I can't seem to think of it as I do the first part of the scene; it seems as if I really knew that."

Monday, March 25, during some free associations, the patient thought a good deal of Dick; she thought of the woods, too. She said, "I was thinking of the woods — how I got home that time — it seemed as if the last part of that were gone too — the dream of Dick, too, keeps coming to me — all the time I know I am thinking of something

but I don't know what — I think of the room; but there seems to be something else I keep thinking of — it seems so separate from the room that I was wondering if we got that, if there were anything else we would have to get[1] — it seems as if I were thinking and then everything goes blank, just as if my mind stood still."

Tuesday, during some free associations, she said, "it seems as if I think of Dick just as soon as I think of the room." Continuing, she said, "when I keep my eyes shut and am lying down it seems as if I were there. I think of the two rooms, I mean the two places — room — my feelings at the time — oh! when I get my eyes shut I am going through it again — times, mother, room and woods — I was just thinking of it — I keep going over it and over it and over it all the time — my mind is right on it all the time, switching on to the two parts of the two scenes — if there was anything different I wouldn't mind so much, but it just stays on the same thing — etc. I know I feel I am keeping something back but I don't know what it is; it seems to be right in my throat only I can't get it out — just as if I wanted to tell something and couldn't."

The next week showed no apparent advance.

The next two days showed little advance. Monday, however, she said that last night she got her hand part way open. It was about one o'clock, A.M., she was lying on her back, and for a moment knew the end. At that moment her hand opened and then her mind went to her hand, and it closed again. She said, despairingly, "I don't know it now at all." She continued, "afterwards it seemed as if I knew it and yet I did not know it; just as when you know a person's name, and have it right on the end of your tongue and can't say it."

The next day she said she had dreamed of Dick. "It seemed as if he wanted me to do something but I couldn't do it. The nurse told me I said, 'I can't do it, Dick.'" During the next two nights she again dreamed of Dick. In the last one she explained, "he was home and I was there and he kept asking me to do something. I was troubled. Mother came in and said it served me right for going with

[1] See second part.

him. I was crying in the dream." Friday she dreamed she was studying to be a nurse. Saturday she said she had always wanted to be one. "I wanted to be eighteen so I could be, but when I was that age my parents said I couldn't. The following Monday, April 15, our persistent efforts were rewarded.

While lying back in her chair, with her eyes closed, she said, "*yes, I know it,*" and as she said this, her hand opened, and she put it to her head in most dramatic fashion.

She said she remembered the neighbor doing it, then leaving her, and shutting the door. Further than this she does not remember.

Here, then, is a second psychopathological nucleus, the result of a psychic trauma, at last actually uncovered, and with the realization of it the clenched hand opened. It was as though that hand had held a secret. Some measure of the resistance felt by the patient against remembering the trauma is indicated by the time and effort it took to get it.

Contrary to what we might expect, the actual realization of the dreaded recollection did not result immediately in the release of all resistances.

Not until the memory of what happened immediately *after* the assault, came back completely, did the paraplegia disappear.

The conscious content of the patient's mind, while rigidly excluding the traumatic material, has been partly pictured. The subconscious content of the patient's mind can, of course, be only remotely inferred. One naturally infers subconscious mental processes closely analogous to conscious ones. Consciousness seems like a visual field, focused to be sure, but surface-like. Mind, however, has a depth, another dimension, a dynamic character, that surfaces seem to lack; it is this third dimension, this dynamic character, of the mind, which is properly dubbed subconscious.

Roughly, for practical purposes, Freud conceives of the mind as possessing three layers. In the "conscious" level are all those things one is actually aware of at any given moment; in the next lower level, the "fore-conscious," are all those things immediately available, as memories, for

any ordinary occasion; in the next lower level the subconscious, are all those things, once memories, now recoverable, however, only under special conditions.

It is obvious that instead of speaking of three "levels," an infinite number of "levels," is nearer the truth; as a block may be said to be an infinite number of infinitely thin sheets. In this third dimension of the mind, attractions and repulsions are the essentials of the situation; in psychological terms, "likes and dislikes," or "cravings and disgusts."

In the patient, owing to her early experiences, her sexual cravings were highly intensified. In her conscious life she sought to be free from *any* such incroaching cravings, disturbing her desire for a "pure" life; hence the conflict, resulting in the repression. That part repressed, however, being highly dynamic, resulted in explosions; hence the convulsions. Convulsions being almost equally distressing, the rising flood of energy is fought off, and voluntarily repressed, and hence the splitting of consciousness, resulting in the loss of voluntary control of lower centers. This splitting was rather of a "horizontal" sort, then surface cracking; as if the patient had cut loose from moorings and had risen, so to speak, as in a balloon, to where she no longer had any control over what went on beneath her. When she came back to earth, or perhaps raised earth up to her, she was as one landed in the dark. She knew she was safe, but she didn't know where she was. She had now to work her way through more resistances, till she could regain a relative control over what she had cast off from her.

When I saw the patient the next day, April 16, I asked her why she had not had a convulsion instead of being paralyzed. She answered, first, because she didn't want to have one before me; and second, because she was so afraid if she did have one, the doctors would stick pins in her, to test her, as they did before. When they stuck pins in her, and stuck their nails in under hers, she said she didn't perceive it at the time, but afterwards it would pain her terribly. Her hand was all right, but she was still paralyzed. She could remember nothing else.

Wednesday, when I saw the patient, her hand was still apparently well, but she said it had been clenched a little

while during the night. "I suppose I was dreaming about the assault," she said, "but when I woke up I put my mind right on it and got my hand open. I just thought I couldn't help it anyway and I was bound to get my hand open." She further said that ever since she had "St. Vitus Dance" she had had trouble with her legs. At that time she couldn't walk at all. When the girl told her about sexual matters, when she was about fifteen, she almost lost the use of her legs and they thought she was going to have "St. Vitus Dance" again.

Thursday and Friday we got nowhere. Saturday she said she had dreamed she was home, sick-abed, and her mother was there. "I was a child; I kept saying, 'mother, I can't tell,' and she kept questioning me and wanted to know what was the matter. It seemed as if I would start to tell but couldn't. I would make out there wasn't anything." Then she had another dream. She had a box of chocolates and dreamed she was concealing it.[1] Woke up saying, "that isn't the right thing."

Her hand has not shut up since. "It doesn't feel natural yet," she said, "but it is getting better every day."

Monday she says her hand feels like tightening up but she can get it right out again. She is in a very ugly mood. She said, "I feel like getting up and stamping and screaming. . . . I just feel that I don't want to see it and I'm not going to. . . . I keep thinking that I shan't look and I can't get my mind to think that I will look."

Tuesday she thought Dick *may* have done wrong to her.[1] Wednesday, Thursday and Friday showed no advance.

Saturday the patient remembered being home after the assault, in bed, sick. Her mother asked her what was the trouble, but though she knew she would not tell. "She would ask me what I did over there. She asked me what made me so long. I don't remember just how I answered, but I know I evaded her questions."

Monday, April 29, she said she had moved her leg the previous day. She was trying to think how she got home and something came over her and she moved her right leg.

[1] See second part.

Tuesday showed no gain. Wednesday she said she had moved her leg again. (She had been trying to do so and had relaxed.) I had her lie back and close her eyes and try to remember the gap between the assault and being home in bed. She could get nothing but a vision of her mother. She said, "I feel mother has something to do with my not telling."

Thursday, May 2, while lying back with her eyes closed, she suddenly said, "I know."

When she had told this she moved her legs slightly. She continued, and said that he took her home to the gate. She staggered along the path and crawled up the back steps. When her mother let her in she sat in a chair in the kitchen awhile and then went to bed.

Friday, May 3, the patient can lift her right leg but not her left. She cannot stand as yet. She remembered further details.

"Didn't you tell your mother?" I asked.

"I have the feeling I told her," she said. "It seems as if I got up and went down stairs. I remember being on the couch. His wife came in and was questioning mother about it. It worked me all up to see her. But mother said it was all nervousness."

After a long pause, she exclaimed, "I know, I told mother. She said people thought things so much they finally got to think so in reality. She wouldn't believe me."

The patient can move her left leg now, but cannot stand. Saturday she stood a little but was wobbly. She said that it was hard to tell her mother but when she had and wasn't believed, she shut right up.

"It seems as if every time I spoke of it mother pooh-poohed it, and said I had dreamed it, till finally I thought I really had dreamed it. I remember seeing him and I thought of it, but I thought of what mother had said and I tried to put it out of my mind. Just how long it took I don't know."

The first time she saw the man again was about a week afterwards. She was sitting on the piazza with her mother and he and his wife came over for a few moments and sat with them. As they were coming up the path her mother

gave her a look as much as to say, "you stay." She did so, but was so weak and faint she felt if she should stand up she would faint away. She didn't speak and never looked at him when she could help it. She was trembling all over and felt sick. After that she saw him as usual and finally her memory of what he had done, went. It kept getting fainter and fainter until it had gone completely. It seems it must have taken her about three months to forget the incident.

Improvement during the next few days was rapid. Wednesday she was walking about the wards alone. Tuesday night she dreamed something, "but," she said, "I can't tell what. I woke up saying 'I shan't tell anything more.'" Friday she said she had dreamed another distressing dream. "I was walking and somebody kept bringing up different reasons why I shouldn't walk, but I kept on." The reasons were like pictures. "It seemed like a woman standing in front of me, showing these pictures, and then saying, 'now you can't walk.' I woke crying. I thought of mother."

She continued to gain, however, and was discharged from the hospital May 11, *apparently* recovered.

Now we can understand the meaning of the interference of the image of her mother with the recovery of this second submerged complex. With a cowardice almost incredible her mother had refused to believe her story and had done her best to help her crowd it out of her mind.

This repression was no instantaneous affair, however, but was a matter requiring months. Probably if there had not been already repressed, a nucleus of the same sort for it to attach itself to, repression at this time would have been impossible. But there was a successfully deeply buried sexual complex already existing in the subconscious which coalesced more or less with the more recent, and even more distressing, experience, and helped to keep it under. That these two experiences had coalesced in the subconscious is made probable by the fused fashion in which they first partially presented themselves to consciousness at the beginning of the analysis. With her mother's help, then, and with the complex already there waiting to welcome a similar companion, a further repression actually was achieved. But the price paid was rather high. When, about two

years afterwards, a girl happened to speak lightly, as schoolgirls will, of a sexual topic, she was so abnormally sensitive to any mention of anything sexual she became sick, and on that account left school for good.

Furthermore, it started her on a still hunt after her father. It is highly probable that her suspicions as to his faithfulness, too, were untrue, being based on insufficient evidence. True or not, however, she believed her father bad in a sexual sense, and hated him accordingly. And in addition to all this she could not feel for her mother, much as she loved her and was dominated by her, that respect necessary for satisfactory family relations.

In one very important respect, both her father and mother were unable to control her. In her desire to go with Dick, a questionable character, she absolutely defied them.

One could imagine that her convulsions, which started a few months after Dick's death, were the immediate result of dreaming about him, with a pathological power possible through releasing the pent up energy, so to speak, of the repressed sexual complexes. One could conceive the mechanism of this as being both physiological and psychological inasmuch as the lower centers might be conceived as disassociated, and so released from this inhibiting power of the higher centers, and psychologically as being due to sub-conscious, dream-like desires, which acted like a match to gun-powder. That was the view taken, and the progress of the patient seemed to justify it. The recovery, however, was only apparent, except for the worst symptoms, the *contracture* and the *convulsions* which have never returned, but, as we shall see, there were other repressions which remained to be released, and which manifested themselves in symptoms, the clearing up of which will be reported in the next paper.

(*To be continued.*)

PSYCHOGENIC DISORDERS IN CHILDHOOD[1]

BY TOM A. WILLIAMS, M.B., C.M. (EDIN., WASHINGTON, D.C.)

Corresponding Member, Society of Neurology and Society of Psychology of Paris, etc.

IT is remarkable that amidst the abundant psychological study of the development of children so little attention has been paid to those factors of abnormal reactions which are psychogenetic. The invocation of heredity, period of growth, reflex irritation, etc., has been too ready. The "nervousness" postulated has been called hysteria, chorea, neurasthenia, and what not, without real search for its origin; for the generalities indulged in are, when analyzed, explanations of no meaning, showing only the vagueness of the observers' conceptions regarding pathogenesis. Even the photographic minuteness of a Janet failed to take account of the psychopathology of a child; for he went the length of declaring that the synthesis he called psychasthenia could hardly occur below the age of eight, and was rare in children at all.

Even now that serious analysis of adult cases is finding that the origin of psychoneuroses can often be traced into childhood, it is remarkable how few observations of neurotic children themselves have been made. It is in order to contribute to the filling of this gap in psychopathological data that this contribution is made.

It is the more especially pertinent in that in the cases observed I have not discovered the ætiological factor of the type so often referred to as essential by many psychoanalysts. The affective situations which have promoted the psychological perturbation of my patients do not appear to have been connected with the psycho-sexual relations, but, on the contrary, to have been the creation of experiences discolored by association with an unwise timorousness injected by parents into the child's allopsychic life.

I have classified the cases into hysterical and psychas-

[1] Read before the Third Annual Meeting of the American Psychopathological Association at Boston, May, 1912.

thenic in accordance with the principles laid down, following Janet, in a former article.[1]

In practice, this classification is useful; but I am not sure that these types essentially differ as regards genesis; although, to use a mode of expression fashionable nowadays, in "make-up" the two types are antipodal.

Tics and Phobias of Psychasthenic Form in a Girl of Eight

A girl aged eight, an only child, was sent to a Washington sanitarium because of numerous grimaces and gestures. These led her attendants to believe she suffered from chorea, to give her large doses of arsenic, and to isolate her from her friends, while overfeeding her. At the end of a month she returned to the country, the morbid movements having ceased, but suffering from insomnia and unable to go to school, in the belief of the parents, because of her "nervousness," which was especially conspicuous when reading and studying were required. When she was nine I was asked to see her by her uncle, Dr. Perrie of Lyons Creek, Md., in the hope that something further could be done.

I found a well-nourished, self-contained, sensible child, without apparent shyness, over-forwardness, or hyper-excitability. But she was apt to talk rather fast and stammered now and then. I soon discovered that she was fond of play and the companionship of which she had been deprived, to compensate for which she made believe that the objects and person of her play were real. So rigorously was she protected that the conceptions of lying and stealing were hardly clear to her. She had been very strictly managed and scolded and repressed a good deal. She was once whipped for persistent dawdling on her way home from school. She did not remember other corporal punishments. Her life, however, was not felt to be unhappy, for she was very obedient, and was not galled by the good manners expected of her. However, she wanted to grow up, hated people to call her little, and she disliked the spoiling which was a tendency of her father before her sickness. Although she did not repine at staying from school, she wished to learn to read and

[1] Journal of Abnormal Psychology, 1909, Types Among Psychoneuroses.

write, but as lessons "agitated and kept her awake" she employed herself in play.

The source of the movements she had made was revealed after some hesitancy. It seemed that her mother had taught her, about the age of five, that people lived by inspiring the air, and what they expired was hurtful. This thought led to a distressing compunctiousness about the noxiousness of her breath; "if it was bad it must hurt others."

Now, her training had been such that to hurt others was a great offense. But not to breath was to die. From this dilemma she found a way "hurts could be mended." When injured did not some one kiss it better? Could not she then kiss better her own bad breath so that it would not injure others? Accordingly she made movements of her lips, which represented the healing kiss to ward off the danger of the deadly air she expired.

Later on, her discontent was augmented by scruples against the injury she did by walking upon creatures with the hard and sharp heels of her shoes. Even the planks of the floor were of the animated world, which it was wrong to destroy or injure. To assuage the distressing thought of this, compensation must be made. She found it in another legendarily therapeutic procedure, the healing touch. So it became her habit, before walking over an object, to bend and touch it with her hand.

These procedures belong to the class of mental manias which Janet, *Les Obsessions et le psychasthénie*, has called manias of expiation. Their motorial character approaches them to tics, into which they gradually blend.[1] That they had done so to some extent in this case is shown by the fact that the kissing nature of the lip movements had not been suspected.

That the movements had not developed entirely into mere symbolic vestiges of their original purpose was due to their arrest comparatively early. That they would have developed into characteristic tics is confirmed by the distress the child suffered in overcoming them. She did so after being in the sanitarium a few days, and did it deliberately

[1] See author, Tic in Children, *Pædiatrics*, 1910, also case of psychasthenia arch of pædiatrics, 1910.

and by a hard struggle, because she wished to return home, and they had promised that she could do so if the movements ceased. It is possible that the nurse who said this had an inkling into the psychological character of the child's disorder. After she succeeded the desire to repeat the movements quickly ceased, although she does not know whether she was enlightened regarding her notions about the hurtfulness of expired air and hard heels.

Proceeding to the genesis of the insomnia and difficulty in reading and study, interrogation showed a very simple mechanism. Apprehension as to their consequences was raised in the child by the attitude of the parents, whose open fear lest they should perturb the child reminded me of the procedure of the mother of the boy whose hysterical hydrophobia was precipitated by her sitting by his bed reading about rabies two weeks after he had been bitten by a supposedly mad dog. (Miller, JOURNAL ABNORMAL PSYCHOLOGY, 1910.) So in this case the ostentation of their solicitude provoked in the child that which they feared.

Treatment.— The explanation of these mechanisms to both parent and child was the first task, and it proved very simple, for they were intelligent people. The corollary that the child was not morbid, *except by induction*, was then set forth. The conclusion was that the child should resume study and return to school in the fall in every respect like an ordinary child, now that the mother and father were warned against the evil consequences of unwise solicitude and the induction of hyper-conscientiousness in matters beyond the intelligence of a young child. The result has justified expectations, the child taking part in the school life with enjoyment and remaining free from "nervousness" now, two years later.

COMMENTARY

Some might explain the case as a "fear-wish" reaction of the Œdipus type in relation to father and mother. Indeed, to the exponents of the theory upon which it depends the patient's history is not without significance, and in the absence of a dream analysis they cannot be satisfied in rebuttal. The fact, however, rests that a painful complex

originating at least by the fifth year had resulted in psychogenetic symptoms; and this complex depended upon a moral concept in which the sexual life seemed to play no part whatever, and its therapeusis was effected by rational means, taking account only of the explicit mechanism.

This very plain mechanism of fear of bodily harm from without seems to be a much more fundamental feeling, if one is to appeal to phylogeny, than is that concerning the relations with others termed sexual.

Even hedonic affects occurring autochthonously in childhood, although of the same genus as that which later effloresces into sexual emotivity, do not by any means in themselves give origin to perturbations of the psyche either in childhood or later. I say in themselves, for I believe that the perverted affectivity from which arise so many obsessions, phobias, etc., is always the product of induction, if not directly and naïvely from without, at least by logical induction from data acquired by observation or didaction of the conventions of family and social life. The child's avidity to relate himself correctly to these, to behave as a grown up, that being of marvelous privileges, is not sufficiently realized. It makes him seize upon the most trifling detail for imitation. One of his objects is to transcend the amusement he provokes in trying. The shame he feels at the ridicule with which his attempts are so often met causes him to keep them to himself in half shame.

Two Cases for Contrast

Thus, in a case of psychasthenia of which the analysis occupied over a year and would accordingly take too long to recount, the obsessions, which were mainly sexual scruples fundamentally, had as their basis the moral and religious repressions of the patient's childhood. It was the horror and loathing of everything pertaining to the corporeal which caused the child when aged six to look upon a hedonic state which used then to occur as a sinful one which prevented even speaking of it to the mother, and which was the incentive for the repression of indulgences demanded by a most affectionate nature; for in the family all display of affection was discountenanced. It was the lurking fear of that which was

awful, because unfaced and vague, but which contained inexplicable potentialities for evil, which later permeated the patient's relations with fellow beings to a degree which produced utter incapacity for daily life.

Rapid Curability

Let me ask you to contrast on the one hand the loss of a quarter of a century of fruitful activity by this patient, the lack of good sense in whose upbringing was so late compensated by what we have learned of psychopathology; on the other hand, the immediate compensation of an entirely similar syndrome in a clergyman's child, aged ten, whom I saw last winter. One day she would be well and the next crying, feeling miserable, tired, and dizzy, with a dull headache, as a result of lying in bed thinking. The preceding summer at school she had been irritable, cross, impatient, and quarrelsome with her sister. She had formerly been easy to manage and full of life and joy. Her mother was most anxious, and took pains to avoid startling or fatiguing her; and in the belief that it exhausted the child, forbade the impulsive squeezing and kissing which the child frequently desired. She had noticed that the little girl was less impulsive and irritable when having something to do, but she had been taken from school, which seemed to aggravate her nervousness.

The physical examination was negative with the exception of a slight hyperopic astigmia and a variable visual acuity, without apparent cause (Dr. F. N. Chisholm, who referred her).

Psychically, intelligence was normal. She was very timid, was hyperconscientious, and much concerned at having been reproved for impulsive shouting, for violent hugging of her parents, and because of some eau de cologne she took. This had really been taken by the little sister, who was punished for it. She was sometimes so unhappy and miserable that she did not want other children near her; and she was most unhappy because she was not allowed to show her affection to her father and mother, of whom she is very fond, more especially of the latter. Her dreams are rare; but she recollected one of a white-bearded man who

dragged her from the bed by her hair and another of a wild animal trying to eat her. I could not at the time obtain any associations from either of these; and indeed I was more concerned in relieving without delay the intensity of the repressions which made the child's life a burden.

A physical factor complicated the case, the child eating excessively of meats and oatmeal and making her principal meal at night. I believed that this was the initial cause of the irritability of temper and the impulsiveness which led the over-conscientious parents to repress overmuch.

Treatment.— Mid-day dinner was prescribed, and a supper mainly of carbohydrates and fruit, after which she should not go to bed for at least an hour.[1] On waking in the morning the child must make a practice of getting up and going outside instead of ruminating in bed. Parents must avoid nagging her about trifles, and her behavior must be left to take care of itself at present. Her affections must be indulged and reciprocated; she must be given plenty to do, and be sent back to school in a few days. This policy resulted in complete recovery within two weeks, the child being as happy and joyous as she formerly was.

Diagnosis.—I considered this a prepuberal emotionalism, attributable to an incorrect dietary and greatly aggravated by parental interference, well meant, but entirely injudicious. This last, the psychogenetic factor of the situation, was the main pathogen of a state which might have eventually attained a gravity like that of the case with which it contrasts.

Thus, the psychasthenia of this little girl was cut short long before its root branched into mental manias or before there was a hint of obsessions or phobias. It may astonish you that I include this case in the psychasthenia of Janet, as it is without the stigmata or cardinal symptoms of that disorder, if we except the impulsiveness and the inadequacy, which was hardly even conscious. The justification of such a diagnosis need not, however, detain us; for it has been set forth in explanation of the case of a child, aged only two, which I reported to the Psychological Society of Paris in 1910. (See also Arch. of Pediatrics, 1910.)

[1] See author, Diet in Nervous Disorders, Public Health Jour., June; N. Y. Med. Jour., 1912 (Apr. 6).

However, in the following case the psychasthenic syndrome was in full efflorescence.

Mental Manias of Long Standing due to Affective Repressions

A boy aged thirteen was referred by Dr. Guy Latimer of Hyattesville, Md., because of extreme timidity and many "nervous" tricks, and an inability to concentrate his attention. The most conspicuous symptoms were an arithmomania, a mania for verification including a "délire de toucher" and a "manie du sort," one of the forms of which was the imperative need of lying on his back on the floor at frequent intervals while dressing in the morning. These various mannerisms intermitted and replaced one another.

Analysis revealed that all were in reality expiatory penances for a jealousy of his little brother, which had already begun at the age of three, when he asked that the baby be thrown from the window, and once banged his head on the floor while enraged. He himself had always been much petted, and craved it. It was the reproval of an aunt which first created the shame for his jealousy and led him to make penance in these fashions. Latterly he had been urged to cease his peculiarities, and can stop any of them when on the alert by a hard struggle. His distress at doing so, moreover, soon passes away. But his frequent absence of mind in day dreams, which he loves, interfered with his endeavors. This tendency was favored by his not having been allowed to play the games of which he is fond with the boys in the neighborhood, which is a rather rough one.

This desire for expiation began when he was between three and four years old, by thinking it was "mean" not to give his toys away; and so he gave them all to his brother. He was told that it was naughty to be jealous, and he felt ashamed, but did not cry, but just sank into himself and said nothing. He still reproached himself. If his mother did not pet him for a week, he thought she did not care for him, and so he would be unhappy.

He does not know the reason why he is jealous of his brother, for he loves him, and they do not quarrel much,

even when the other cheats at play. It is in the morning and at night that he is most beset by his manias, and he feels things would go wrong for day or night if he did not perform them. He declares, "I always seem to want to do something I do not want to, because I do not want to." He does not know why. And he has no shame of body or sex, as he has been fully instructed. He is very religious, believing in heaven and hell, that he must be good, and feels that he ought to make himself sad because he does not like to be sad; but he is so prone to sadness that even as a baby music made him cry. So conscientious is he that he undertakes every task with too great violence, quickly becomes exhausted and then has to fight against the dreamy tendency which supervenes.

Treatment.— Having explained together the genesis of his desire for penance, we decided to concentrate attention upon only one of his manias at a time, in order to break one by one the habits he had formed, and he was to take up carpentry work in order to combat the tendency to day dreaming. His diet was also rectified.

More and more control was soon obtained. On last hearing from him, two years later, he had taken a position, and had overcome his disabilities.

Commentary

The psychogenetic factor in this case was obviously the unwise manner in which an affectionate infant's natural jealousy was reproved by over-religious relatives. The awfulness of the sin fostered the poor boy's shame thereat, and led him to the type of expiation which follows from a misapplied asceticism.

Jealousy, of course, is among the effective appurtenances of the psycho-sexual relation. But even although it invariably were so that only a sexual affect were capable of provoking this passion, yet we should be far from a postulate that such a psychasthenia as this boy's was generated by this psycho-sexual perturbation itself, for the case history clearly shows that the expiatory manias of the boy were *not due to the jealousy itself*, but to his efforts to compensate for a feeling he could not help, and which he blamed himself for

feeling. It was the struggles of an ill-conceived asceticism which initiated the psychasthenia; that is to say, the mechanism was fundamentally conceptual and not affective. Had the vague and ill-founded ratiocinations of the child been clarified by proper information and advice, there would have been no manias; for in dealing with his jealousy, rationalism would have superseded what was intrinsically superstition.

The foregoing argument points to the genetic similarity to hysteria of psychasthenia. It seems to show that by the autochthonous elaboration of an implanted idea, a suggestion, the consequences of which should be called hysterical, (see Nature of Hysteria, International Clinics, 1908. Affectivity in Traumatic Neurosis, JOURNAL OF ABNORMAL PSYCHOLOGY, 1910, and various other writings), there can develop the typical psychasthenic syndrome of Janet. It would take us too far to discuss the implications of this statement, and to decide whether inherent psychological make-up, physiological factors, or the nature of the psychic environment is the agent which determines differences of reactions so great as those of the eminently suggestible hysteric and the psychasthenic, whose resistance to suggestions Janet found so great as to entirely preclude hypnosis. Besides, my own opinion thereon is unformed, and must await further material for study or contributions by other observers.

The case which follows is frankly hysterical and needs no comment.

HYSTERICAL PHOBIA IN A CHILD

A boy of eight was seen with Dr. A. L. Tynes, at Staunton, Va., in the autumn of 1911. The preceding May he had developed what his parents called hallucinations, which occurred when he was alone only, for he would go errands and play about if he knew he was in sight of any one at all. There were no night terrors, although he feared going to bed alone, and his mother or father always accompanied him upstairs. Whenever he was alone a spell would occur. The hallucinations were accompanied by a loud cry and a twisting backwards of the neck and contortion of the body. He was very rarely still, wriggling about nearly all the time in an excitable fashion. His father and maternal uncle are de-

clared to have had similar attacks in childhood. But it could not be ascertained that the parents had not spoken of some of these before the boy. The mother was over anxious, hysterical, and very uneasy when the boy was out of her sight, of which the boy was well aware.

Examination revealed no physical signs of disease of the nervous or any other system. In anamnesis, I found him a sensible little fellow; and I ascertained that it was a snake which he usually saw, although sometimes a wild beast would be seen. His shout was really the name of the animal he saw. He could not describe the snake except to say its head was like an eel. He remembered well the first such occasion of fright; and the creature then was not a snake but a rooster. He declared that he was never actually afraid of any animals. Indeed, on one occasion, wearing a red sweater, he chased a bull away with stones. On another occasion, he went into the cellar to look for the bogey-man. He said that his only fear was that of being whipped by his father when he was naughty, and that of this he was "not very frightened."

I could not, in the short time at my disposal, penetrate the psycho-genesis completely. My questions, however, soon showed that the hallucinations were not true ones; for when I asked the boy if when he looked round there was really an animal jumping on his shoulders, he had to reply "no"; and that he never actually saw, heard, or felt what he feared. He then spontaneously declared, "I reckon my imagination gets away with me." I then asked him, "Why do you not look round each time you fear the animal behind you?" He said, "It does not give me time to think of it; it comes so quickly sometimes, and I shout and run before I can recover myself." When asked, however, he said he was not easily startled as a rule.

Diagnosis and Prognosis.—Familiarity with the mechanism of terrors of children enables one to interpret this boy's case as a phobia against being alone, produced by the foolish anxiety of his mother. This affective state was an induced one, therefore, produced by the idea of some "dreadful consequences" which might occur to a little boy when not protected by his elders. But the morbid reaction

had become a habit; so that even though the initial cause were suppressed, training would be required to overcome the facile inductibility of the terrors. Inhibition of his undue impulsivity should also be undertaken.

Treatment. — Accordingly the following procedures were outlined and the reason for them clearly explained to the boy and his father. Firstly, he must gradually accustom himself to go out alone, first for half a block, then for a whole block, and finally round the corner. While doing this, he could hold himself in hand, his attention fully awake to the need of manly behavior and the importance of recovering from his timidity. Secondly, he must learn to go to sleep without any one else in the room, remembering what a nuisance is a boy who cannot forego keeping one of his parents constantly at home in the evening. Thirdly, he was shown exercises in slow movement and mobilization by which he could suppress the wriggling tendencies of his limbs and body. His mother should be dealt with rationally, too. As a result no further attacks have occurred.

Wishing to obtain more precision as to the psychic mechanism, I wrote to the boy asking him to tell me whether he seemed to be in a dreamlike or in an absent condition when the fears assailed him. I also, of course, wished to stimulate the practice of the re-educative procedures I had prescribed. The following replies were made, and I have recently head from Dr. Tynes that the boy remains well.

"My dear Sir:— I beg to thank you for your letter of yesterday to John, Jr., and at the same time report favorable progress in his case. He is now going all about the house and yard alone, and has made a couple of trips to the store where I am employed (about seven minutes' walk) alone. He is certainly very much better than he has been since these spells of fright came upon him. He is getting on well with the exercises that you outlined for him, though he has not yet been able to go to sleep alone. However, he goes up to the room alone, turns on the light, undresses, and gets in bed, and holds himself together for about ten minutes, but does not seem able to compose himself sufficiently to get to sleep. I am working him up to this as fast as I can,

and while I might force him to it at once, I would have to use harsh measures to accomplish it. I am unable to clearly get the idea from him whether after these attacks of fright the animals seem like a dream or an idea. I believe, however, when he tries to analyze the feeling, that he feels that it was an idea that flashed through his mind at once that these animals were near him, and he knows it was only in his imagination. I am glad to say that he is making a strong effort to get a 'grip' on himself, and I believe that he will succeed. I will let you hear from him from time to time, and if at any time I can answer any questions I will be only too glad to do so as clearly as I can."

"Dear Doctor:— I have your letter. I do not see any animals since I saw you. I never did hear or fear them, but used to see them. It is not like a dream. I hope I can soon write you I am well.

"Your Little Friend."

THE MENTAL MANIFESTATIONS OF EPILEPSY[1]

BY N. S. YAWGER, M.D., PHILADELPHIA

Examining Physician to the Pennsylvania Epileptic Hospital and Colony Farm

OF all known diseases, none have such mysterious and weird manifestations as epilepsy. In some unexplained way the process of sleep may be the only assignable cause of an epileptic attack, and this constitutes what is spoken of clinically as the nocturnal form of this disease: if one subject to night seizures sleeps during the day, the attacks may occur then, and it is often during the deepest sleep that a fit is provoked; when there is but an occasional nocturnal convulsion, the malady may exist throughout life and remain unrecognized; and, when the seizures are mild and infrequent, their occurrence in some persons has been effectually concealed for a long time. One afflicted with this disease may, without a moment's warning, be felled to the ground in an unconscious and spasmodic state; sometimes a seizure does not cause more than a fleeting and an almost imperceptible change in the psychic equilibrium; or, again, the manifestation may be so grave as to instantly drive its victim to the utmost violence, and subside, leaving him entirely oblivious of his actions and deeds.

Of recent years the mental manifestations of epilepsy have received more and more serious consideration. Previously, the motor disturbance was regarded as the cardinal element in the disease, but most authorities now believe that in order to establish the diagnosis of epilepsy there must at least be some attacks in which there is sudden, temporary impairment or loss of consciousness.

Some writers have endeavored to establish a relationship between genius and epilepsy, based upon the statement

[1] Read before the Chester County Medical Society at Embreeville, Pa., July 9, 1912.

From the Department of Neurology in the University of Pennsylvania.

that a number of great men have had, or were alleged to have had, this disease. Among those cited are Mohammed, Cæsar, St. Paul, Mozart, Richelieu, Swift, Swedenborg, and Napoleon; we have no good reason for believing that most of these men had epilepsy, and there probably is no such relationship; as all segregations of epileptics will show, there are enormous numbers who at no time during their existence have evinced more than commonplace mentality; indeed, intellectual impairment is to be expected in these individuals, and the instances where complete mentality has been preserved are most exceptional. Undoubtedly, it is true that disease amounting to an affliction has at times kept individuals away from the less serious things in life, and for this reason they have abandoned themselves to hard work and their endeavors have led to fame; but great men afflicted with a disease of an epileptic nature, undoubtedly, have not become famous because of this association.

Since epileptic seizures are prone to have a disintegrating effect upon the mentality of the individual, these insults, when often repeated, almost invariably leave a permanent impression upon the mental state of its victim; this, with the terrible nature of his malady and its probable incurability, together with his being set apart from normal persons and conditions, have been the causes given for the development of what is termed the epileptic character and temperament. "It consists," Peterson[1] states, "of a mixture of melancholy, hypochondriasis, emotional irritability, moroseness, distrust, misanthropy, mental apathy, and dullness, often combined with religious tendencies and modified by pathological psychic conditions incident to the ravages of the disease." However, it may be that the development of this state, so peculiar to an epileptic, is due in part to the mismanagement of these unfortunate persons by their families, and not to such a marked degree by the disease itself; this seems more especially true of that class of cases where there is not sufficient means to provide suitable attendants for these children; and this point is rather strikingly brought out in "The Autobiography of an Epileptic."[2] This individual, when a child, was unusually bright; he had his first attack in school, and he was not allowed to

go there longer; later, while out with one of his family, he had an attack on the street, and after this he was kept at home most of the time; he was accused of violence towards the younger children; of this he knew nothing, and he believed such stories were told against him for spite. Therefore, having no knowledge of these misdoings, he naturally thought that instead of lying, he was lied about. This epileptic writes: "The injustice I suffered, or thought that I suffered, made me morose, jealous, suspicious, brooding, and I could hardly be civil to those belonging to my home. I despised them all and felt that I should like to do the things they accused me of doing." At times it may be as one writer says, "The epileptic is forced to develop to some extent on the lines of the untutored savage. This fact explains why the full-grown epileptic has often many of the qualities of the savage."

Epileptic seizures do not always appear unannounced, as an aura or warning frequently precedes the attack; this may occur alone or in association with a warning in another part of the body; sometimes such manifestations consist of the subjunctive sensations of smell and taste; or the individual may feel intensely apprehensive, and, as the instinct of fright is often the subjunctive feeling or emotion of fear, a patient in this mental state may be impelled from home. One epileptic whom I recall seeing suddenly bounded forward directly towards a large tree, and had he not been caught by an attendant and brought to the ground he would probably have been injured; his fit followed in a few seconds. If a psychic aura were the only manifestation of an incomplete attack, the absence of motor symptoms would render the disturbance indistinguishable from psychic epilepsy. Hughlings Jackson[3] wrote of a "dreamy state" in association with what he termed an intellectual aura, and this mental condition a patient of his described by stating that "he felt as if he were saying, doing, and looking at things which he had experienced before." This, it seems, amounts to a psychasthenic state occurring in an epileptic, and for this condition Janet[4] has coined the term "psycholepsy."

As previously stated, some disturbance of consciousness is of paramount importance, and it is now believed by

many that to establish the existence of epilepsy there must be sudden, temporary impairment or loss of consciousness; it is true at times phenomena are observed in these patients in which there is no such disturbance, but to establish the diagnosis there should be at least some attacks in which the cardinal symptom, a sudden temporary disturbance of consciousness, is actually present. Such disturbance may be slight and momentary, or it may amount to absolute unconsciousness and exist for several minutes; again, it may be of several months' duration; sometimes, during such a period, the patient acts most strangely and usually without subsequent knowledge of his behavior. With this disturbance of consciousness as the requisite, one cannot but feel that a diagnosis of epilepsy may not be made if the attacks occur only during sleep.

Just how such disturbances of consciousness are brought about it is impossible to positively state, but the best explanation appears to be that of discontinuity of conduction at the junctions of the neurons.

In a complete epileptic seizure, absolute unconsciousness usually follows promptly after the appearance of the aura if this is present; it continues through the tonic and clonic stages and into the period of stertor. This unconsciousness usually lasts from a few seconds to about five minutes, and is followed by a period of perhaps half an hour, during which time the patient lies profoundly comatose; natural sleep then gradually supervenes, and from this the individual awakens somewhat confused; this confusion may be brief or it may persist for hours. If seen only in the stage of coma, the possibility of the condition being due to alcoholic or other drug intoxication, apoplexy, diabetes, or hysteria might have to be considered.

In status epilepticus fit follows fit, at times even to several hundred, and without the return of consciousness; this is the gravest of epileptic paroxysms, and it leads to about ten per cent of the deaths occurring among epileptics. The status may be precipitated by some such cause as a blow, it may be induced by an acute infectious process, it is at times the termination of long standing cases of epilepsy, and frequently it develops without assignable

cause. So-called serial epilepsy may be regarded as a subacute status.

Complete temporary loss of consciousness was observed in a case which I examined recently; while making a neurologic study of this patient, I observed that she drew rather a long inspiration, and upon glancing at her face saw that there was just a slight suggestion of tremor about her eyelids; her eyeballs turned upward, and she wavered slightly, but she did not fall; in about ten seconds she looked at me in a dazed sort of a way and then regained complete consciousness. Upon two occasions I chanced to have a sphigmomanometer attached, and during the seizures there was no appreciable fall in blood pressure. This patient had no previous warning of these attacks, nor had she subsequent knowledge of them. Seizures of this kind are classed as psychic epilepsy; they are not uncommon, and at times pass for cardiac syncope. Such manifestations lend additional gloom to the prognosis. Some persons are aware of having had such attacks, and it has been my experience while examining patients to have them tell me that they have just had a "spell," and these may be so mild and of such short duration as to be unobserved except by the patient. Sometimes major epilepsy has begun in this way, and it may then be several years before the more severe symptoms appear.

It is important and at times difficult to distinguish between psychic epilepsy and cardiac syncope; in the latter condition the disturbance of consciousness is less sudden and less complete, except, of course, when the attack is fatal; if the individual falls, there is scarcely ever an injury sustained; mental confusion does not follow; the reflexes are less apt to be abolished; pallor of the face is observed, and in psychic epilepsy this probably is not the first sign; weakening of the pulse is present in syncope, but it is scarcely ever an accompaniment of epilepsy; the patient may attempt to rise and again lose consciousness; if a sphigmomanometer observation is possible, a fall of blood pressure is shown.

Strange to say, epileptic attacks may be for a time inhibited by anything that holds the attention of these

patients. It has often been observed at the Oakbourne Colony, that during an entertainment of an hour's duration, the children, perhaps, are all free from seizures, whereas, during the same period at another time, five or six fits would probably occur. It is also well known that an acute illness, either infectious or otherwise, usually has an inhibiting influence upon epileptic seizures. The attacks may even cease for months, but they almost invariably return. The cause of this strange influence is not known.

The mental manifestations of epilepsy have been comprehensively classified by Turner [5] who considers the subject under the following headings: 1. Epileptic temperament; this has already been mentioned. 2. Paroxysmal psychoses, which either precede or succeed the convulsive phenomena. 3. Paroxysmal psychoses, which replace single fits or a series of fits (psychic equivalents). 4. Permanent inter-paroxysmal mental condition. Some of these headings are extensively elaborated by this writer.

About ten per cent of all epileptics become insane, and these constitute some ten per cent of the population of asylums. Since the disease in itself is seldom fatal, epileptics usually living beyond middle life, these patients "accumulate" and, therefore, they do not represent ten per cent of the admissions into asylums. However, these figures are affected by the increasing number of patients maintained in hospitals and in colonies devoted to their exclusive care. In all places where large numbers of epileptics are segregated, a few are found to be the victims of moral depravity.

The paroxysmal psychoses may precede, may succeed, or may replace the convulsive phenomena; the last are known as psychic equivalents.

Epileptic insanities are of various types; they may be broadly included under the term manic-depressive manifestations, or they may be classed separately as mental confusion, hallucinosis, mania, melancholia, and acute dementia; however there is this distinction to be made from the classic psychoses — acute epileptic insanity is more precipitate, more intense, of shorter duration, and terminates more abruptly than insanity of other origin.

The epileptics in insane hospitals are invariably classed

as the most dangerous and the most troublesome patients that require detention.

Preparoxysmal manifestations sometimes present themselves, and they are important as their recognition enables those in attendance to be watchful of these individuals.

Such symptoms are known as prodromes, and they consist for the most part of irritability, excitability, depression, unusual slowness of cerebration, insomnia, a feeling of unrealty, and occasionally hallucinations; these manifestations may occur hours or even days before the attack; while in this state the patient is sometimes impelled from home; the prodromal symptoms mentioned are not to be confounded with the psychic aura previously described; the latter is brief, and it invariably occurs immediately before an attack, with this possible exception, that, rarely, the attack may fail to appear.

An epileptic psychosis most commonly succeeds the convulsion, and it usually lasts but a few hours, although in rare instances it may extend over a period of weeks. The milder manifestations are for the most part delirium, stupor, or confusion, but the rapidity of the actions and thoughts may conform to the more serious condition of mania, and acts of violence are at times committed; there is usually no subsequent recollection of the conduct during such a period, but at times the individual may have a hazy idea of what has happened. A patient whom I have seen on a number of occasions, forty years old, had convulsions in infancy, has had minor epilepsy for the last five years, and major attacks, occurring about once a month, for the last three years. During the interparoxysmal period his conduct is exemplary, even better than that of the other forty-eight patients in the same ward; but for about ten minutes following a fit he often becomes dangerous, and he may then attack any one who comes near him; once he succeeded in getting a knife and concealing it under his pillow; because of these brief dangerous periods he is of necessity detained in an insane hospital; all subsequent knowledge of his actions during the periods of excitement is denied by this patient. The sudden deprivation of large doses of bromide may at once cause an acute psychosis to develop.

Automatic acts are very frequently to be observed after epileptic seizures; perhaps the most common of these is an attempt to undress, and Ernest Jones[6] is probably in error when in this connection he says, "The tendency to undress partly that is so frequently seen just after an attack of major or minor epilepsy is also of exhibitionistic origin." In refutation of this, I know of patients who automatically assume the attitude of prayer almost as often as they attempt to undress; furthermore, I have questioned female attendants of large experience among male epileptics, and have been informed that during automatic acts they have not observed anything suggestive of indecency; probably, as Gowers[7] suggests, this tendency to undress is from some vague sense of indisposition and the propriety of going to bed. I recall one patient who would at times undress, place on her night garment, and actually get in bed before returning to complete consciousness.

The more extensive phenomenon of automatism is occasionally observed, and this may become a question of the gravest medico-legal import; in this mental state the patient sometimes behaves most strangely; occasionally he may expose his person, or perhaps he may wander from home and be gone for weeks, or even months; overt acts are at times committed, and upon the return of complete consciousness there may be no knowledge of the behavior during such a period. If this state were to appear independently of any motor or sensory disturbance, it would constitute the psychic equivalent of epilepsy. As Spratling[8] says, "Psychic epileptics may commit all manner of crime; theft, arson, rape, assaults, homicides. They are not infrequently pyromaniacs entirely without reason or impelled by the flimsiest motives." It should be borne in mind that occasionally automatism is met with also in alcoholism, hysteria, and in degenerate persons.

Confirmed epileptics are much inclined to religious observances; this, however, does not appear to arise from any deep-seated religious feeling, but rather as an automatic process resulting from previous religious training; sometimes marked religious enthusiasm precedes a maniacal outbreak. Spontaneous attacks of crying or laughing may appear.

Dream states, or a stuporous condition, may develop and sometimes there is a maniacal episode; also, narcolepsy has been observed to replace attacks, and from this the patient cannot be awakened.

Somnambulism, which is really the acting of a dream, occasionally occurs among epileptics.

Generally speaking, after the disease has persisted for some time, the memory becomes impaired and this amnesia follows the usual rule where memory fails gradually, in being most defective for recent events. Since the failure of memory cannot be reproduced, it is an amnesia of conservation, and not, as Ernest Jones[6] has said, an amnesia of reproduction; in the latter instance the failure of memory might be recalled by hypnosis, and the state should then be regarded as one of hysteria.

Mental failure need not be the necessary result of epilepsy, as in rare instances the affection has been observed, not to be incompatible, with retention of all the normal mental faculties. Usually, however, there is an ultimate dementia, and it differs in nowise from that of other insanities except by the presence of fits. Epileptics do not often attain to an extreme age, but they may live sufficiently long for the dementia to become absolute.

References

1. Church-Peterson. Nervous and Mental Diseases. W. B. Saunders Company; Philadelphia, 1908; p. 812.
2. Alexander. A Clinical Lecture on the Autobiography of an Epileptic. The Medical Press and Circular, April 12, 1911; Vol. XCL., p. 382.
3. Case of Epilepsy with Tasting Movements and "Dreamy State," Brain, 1898; Vol. XXI, p. 580. Epileptic Attacks with a Warning of a Crude Sensation of Smell and with an Intellectual Aura (Dreamy State); Brain, 1899; Vol. XXII, p. 534.
4. Les Obsessions et la Psychasthenie; Felix Alcan, Éditeur. Ancienne Librairie Germer Baillière et Cie; Paris, 1903; Vol. I, p. 502.
5. Epilepsy. Macmillan & Co., London, 1907; p. 118.
6. The Mental Characteristics of Chronic Epilepsy. Maryland Medical Journal; July, 1910; Vol. LIII, No. 7; p. 223.
7. Allbut and Rolleston. System of Medicine. Macmillan & Co.; London, 1910; Vol. VIII, p. 503.
8. Spratling. Epilepsy and Its Treatment. W. B. Saunders Co., Philadelphia, 1904; p. 445.

ABSTRACTS

LE CAS DE RENATA. CONTRIBUTION A L'ETUDE DE L'HYSTERIE. *L. Schnyder.* ARCHIVES DE PSYCHOLOGIE, Vol. xii, No. 47, pp. 201–262.

In this lengthy paper, the author records in detail the history and analysis of an intelligent hysterical subject in the hope of throwing some light upon the mechanism of the psychoneuroses in general and of hysteria in particular. An hereditary tendency was present in this case, in that the brother of the subject suffered from a psychasthenic disorder, which rapidly improved under psychotherapy combined with rest and overfeeding. The sister, called Renata, who forms the subject of this study, was a young woman, twenty-five years of age, of a decidedly religious type. The analysis was at first strongly antagonized by the subject, and this antagonism, in the light of later developments, was shown to be a typical defense-reaction. Because of the subject's poor state of nutrition, resulting from her anorexia and vomiting, a course of rest and overfeeding was at first prescribed. While this ameliorated the physical condition, the mental state was unaffected. The data showed the following clinical history. Four years before coming under observation she began to suffer with violent headache and vomiting. As a consequence she lost in weight and finally alternating periods of depression and excitement, difficulty in thinking and insomnia were added to the disease picture. One day she suddenly developed what appeared to be a semi-hypnotic state, cried out that she was unable to move and went into an hysterical crisis, consisting of lethargy, inability and refusal to open the eyelids, repeating, "To open the eyes is to live and I am afraid to live." In these crises she was also negativistic and disoriented. For these episodes she was completely amnesic. In spite of the complaint of extreme lassitude, she was able to take long walks without the slightest sign of fatigue. Sleep was poor, and during the night she developed somnambulistic attacks, in which she would write for hours, without any memory for the condition on resuming her normal state. Psychasthenic scruples concerning purity were also present to a marked degree.

Since it appeared that an unconscious mechanism was at work in the production of the various psychoneurotic symptoms, the fragmentary words and phrases written in the somnambulistic state were successfully utilized in an attempt to tap this unconscious mental state and thus arrive at the origin of the disturbing

complex. Most of these phrases were written in English. By means of these phrases and free association procedures it was possible to fully explain the meaning of the fragmentary English terms. Thus the following data concerning the origin of the psychoneurosis were secured.

In childhood she became obsessed by ideas concerning purity, because at home she heard so much concerning the conduct of life. Through her rigid home training she was kept in ignorance of sexual matters, until finally at puberty sexual questionings of a rather obscene nature began to arise. This caused nervous disturbances, because she had been taught that vulgar thoughts and wishes were synonymous with vulgar and sexual acts. Consequently at the age of about eighteen, nervous crises began to develop, and certain English words such as "voluptuous" and "sensuality" began to obsess her. In an effort to repress these thoughts, which became more intense at night, a marked insomnia arose. Thus sleep began to be disturbed by nightmares and dreams of a sexual character, and a repulsion for her bed could be shown to possess a distinct sexual significance.

In her somnambulistic state the English words which she dictated, such as "own thinking," "talking," "eating," "feeling," could be shown to possess a sexual significance. For instance, "thinking" signified a lack of chastity, and therefore she must not think; "eating" meant a flattering of taste, and therefore she must not eat, etc. The meaning of these and other English words were twisted and transformed into a sexual significance with a dialectic worthy of a medieval philosopher. For example, she explained her refusal to eat on the basis that this would mean a gain in flesh, and thus her form would become outlined, and this meant sensuality. Physical contact likewise meant sensuality, and so she refused to dance or to kiss the members of her family.

Certain specific memories were also brought out through this free association procedure by utilizing the fragmentary phrases dictated in the somnambulistic state. A typical example is the following: The word "non-kissing" revealed the following childhood complexes. When very young, the question of marriage had for her an extraordinary attraction. She had endless reveries concerning sexual matters, the question of birth, the religious signification of marriage, etc. At the time of her communion there developed a mental conflict concerning the question as to whether she should marry or lead a chaste, religious life and, as a result, there developed depression and anxiety. At eighteen the scruples became more intense, as a consequence she attempted to shut out the external world by keeping the eyes closed and passing her time

in revery and sleep, because she hated to keep in touch with reality. Thus her somnambulism developed as a reaction of defense, for in the somnambulistic state, with its amnesia, she found a refuge from the rapidly developing psychasthenic doubts, scruples, and obsessions. Consciousness became narrowed to the performance of only the subject's actions, and thus she would pass hours without moving or days without eating. A kind of a double personality therefore arose; on the one side life with its painful realities, on the other, reveries and somnambulism with its freedom from doubts and responsibilities. She was then able at will to shut out the realities of life, and the shut-in personality which developed finally became automatic. This mental attitude was well expressed by the patient in the words, "If you only knew what compensation I find in my disease."

Thus the vomiting and anorexia, had purely a psychic origin. She retained food only if she were fed while in the somnambulistic state, because in this state she was free from the peculiar somatic sensations which she associated with eating. In addition, it could be shown that problems concerning sexuality always constituted the source of her phobias. For example her aversion for pointed objects had a phallic significance. A violent hemicrania, on analysis, was also shown to be a defense reaction, because when she had the pain, she could not at the time think of the responsibilities of life. The phenomena of conversion in the sense of Freud and of Uebertragung were quite marked. The dreams were also sexual symbols, such as wishes for marriage, embarrassment, dreams of nakedness, etc. Recovery finally took place, principally through a utilization of free expression of her repressed thoughts and mental conflicts, the key to which was furnished by her dreams and by the automatic writing done in the somnambulistic state.

The author's discussion of the condition and his attitude towards the Freudian psychology is interesting, if not convincing. Here is the case of an intelligent young woman who developed a psychoneurotic disturbance with severe anorexia, due, as already shown, to unconscious mechanisms, pre-eminently of a sexual nature. A difficulty of judgment arose, caused by her childhood errors concerning sexual matters and thus she became incapable of struggling with the realities of life. Therefore she attempted to shut out these realities by living in a wish world of unreality, of dreams, reveries and somnambulism, which formed a real haven of refuge for the struggles of her psychoneurotic symptoms, a mechanism which is found in so many hysterics. Thus hysteria so frequently shows an infantile mental reaction, because the symptoms are defense responses to the difficulties and realities of adult

life. The repression of the childhood sexual fantasies proved disastrous and upset the mental equilibrium.

Sexuality, however, according to the author, is not always the determining agent and psychoanalysis is frequently only a means of diagnosis and examination. The sexual conflicts in childhood may not be the cause of the hysteria, but merely serve to form an hysterical character. In this case, as in many others, there was not a simple psychic trauma, but rather a *continual emotional situation*, made up of a defective attitude towards life. By means of this insufficiency of childhood mentality, the individual becomes unable to completely adapt himself to these realities of life. While certain unconscious complexes may furnish the key to individual symptoms, they do not explain the entire psychoneurosis. Psychoanalysis removes symptoms, only when at the same time we explain the symptoms to the patient and reassure him. This result is partly forced and partly due to the added suggestive therapy involved in the treatment. Psychoanalysis is not indispensable for the treatment of the psychoneuroses. The study of the mentality of the subject, of his antecedents, of determing causes rather than the unravelling of unconscious complexes, is more simple and valuable.

The author objects to symbolic interpretations, and yet in his discussion of the dreams, the reveries and the fragmentary words written in the somnambulistic state, he is continually interpreting them in a sense that seems to signify symbolisms. Psychoanalysis for him is not a therapeutic procedure, but merely a means of tapping unconscious complexes, of utility for the solution of certain psychopathological difficulties. He disclaims his faith in the therapeutic value of psychoanalysis, yet has used it in conjunction with other procedures in the treatment and study of his case.

I. H. Coriat.

LES DYSPSYCHIES. *Maurice Dide.* L'ENCEPHALE, Vol. vii, 1912, No. 3, p. 222.

The designation dyspsychia is suggested for all mental states presenting a disharmony of the intellectual faculties irrespective of etiology or pathogenesis.

As outlined by the author this term would be applicable to the following general states: (a) Disorders of judgment in which the subject is unable to assign to the various elements within the conscious field their relative place. Such undue stress upon certain of the psychic factors may lead to delirium of interpretation,

and may be the basis of many a so-called sensorial illusion. (b) Disturbances of voluntary attention (usually a diminution, while automatic attention may be either increased or decreased). (c) Anomalies in the associative course of ideas; these depend largely upon disordered voluntary attention.

Hallucinations, when present are purely episodic in character. Kynesthetic changes form the substratum for the objective manifestations of the various dyspsychias.

The dyspsychias are usually light and transitory. They present no mental confusion even in their severest form. In cases of chronic evolution exacerbations and remissions are the rule, but the intellect remains unimpaired. Disorders of memory, when present, are due to insufficient reproduction rather than to improper registration or conservation.

Dyspsychias may be remittent, intermittent, or mixed. The delirious interpretations, the impulsions, and obsessions, amnesia, melancholia and hysteria form the essential dyspsychias. Hysteria is essentially a failure of psychic synthesis: cerebral activity is dissociated so that certain of its elements appear beyond recall at a given moment, only to appear to surface at some other, when the main consciousness is obscured in turn.

J. S. Van Teslaar.

LES DELIRES HALLUCINATOIRES CHRONIQUES. *René Masselon.* L'ENCEPHALE, Vol. vii, 1912. No. 2, pp. 135-150; No. 3, 254-262.

The author finds that the new Kraepelinian theories concerning hallucinatory delirium are untenable in the light of clinical experience. He maintains that the analogies between the delirium of interpretation and the systematic hallucinatory delirium, the occurrence of intermediary states which link these two condition to paranoid dementia, furthermore, the fact that these various psychopathic states develop upon a common background justifies the grouping together of all these different states into one great class,— paranoia. The various constitutional psychoses thus brought together are to be distinguished from the acquired psychoses of which dementia praecox is the most significant type.

While certain close analogies bring together all the psychoses which develop upon a paranoiac temperament a certain number of equally important particularities divide each from the rest and give it a place of its own within the group of paranoiac disorders. The following varieties are distinguished:

(a) Persecution or revenge delirium.
(b) Delirium of interpretation.
(c) Hallucinatory systematic delirium.
(d) Paranoid dementia.

These various clinical conditions vary in their degree of differentiation from the paranoid temperament or constitution which is common to them alike. The least differentiated and therefore most directly allied to the paranoiac temperament is the persecution or revenge delirium. The others represent acquired states evolved to different degrees of complexity and clinically stand farther away from the constitutional basis they share in common. The various morbid conditions are to be looked upon as different reactions of the paranoiac temperament, the difference being conditioned by different groups of exciting factors.

J. S. Van Teslaar.

ZUR LEHRE VON DEN PSYCHOPATHISCHEN KONSTITUTIONEN: NOSOLOGISCHE STELLUNG UND EINTEILUNG DER PSYCHOPATHISCHEN KONSTITUTIONEN. *Th. Ziehen.* CHARITE ANNALEN, Vol. XXXVI, 1912, p. 130-148.

As is indicated in the subtitle to this portion of his paper, Ziehen discusses here the nosology and classification of the psychopathic constitutions. The symptomatic standpoint is the one preconized for purposes of classification although Ziehen admits that certain groups of causative factors may give rise to definite psychopathic states.

Following are the landmarks along which the various psychopathic constitutions must be outlined:

1. The extent to which all or nearly all psychic functions are involved in the psychopathic process.
2. The relatively slight degree of the more permanent psychopathic traits.
3. The transitory character of the more serious symptoms.
4. Absence of awareness with reference to the morbid state.
5. Frequency of the accompanying neuropathic symptoms (so-called neuropathic constitutions).
6. The decidedly chronic character of most psychopathic constitutions.

The occurrence is also recognized of acute psychopathic constitutions. The use of such terms as *psychopathische Minderwertigkeit*, *psychic degeneration*, *stato psicopatico*, or *état mental*

habituel is considered unsatisfactory. The background of epilepsy, hysteria, etc., is also outlined along symptomatic, in preference to etiologic lines of distinction. These disorders arise from neuropsychopathic constitutions of which the following varieties are recognized: (1) Hysterical. (2) Neurasthenic. (3) Epileptic. (4) Choreatic. The tics also belong to this category.

From the psychogenetic standpoint the following psychopathic constitutions may be distinguished: hyperthymic, depressed, paranoid and obsessive. The hyperthymia covers about the same condition as that called by Kraepelin *Erregung*, but Ziehen's notion of the depressive constitution is only partly covered by Kraepelin's "*konstitutionelle Verstimmung.*" The depressed constitution is much more complex than the hyperthymic and within it may be distinguished the following varieties:

a. hypochondric neurasthenic type bridging over into the neurasthenic psychopathic constitution mentioned above.

b. The depressed obsessive type which merges into the obsessive psychopathic constitution, and is identical in part with the "*type scrupuleux*" of Raymond and Janet.

c. The anxiety type. Here belong the *Angstvorstellungen* unaccompanied by any actual *Krankheitsbewusstsein* and without obsessive character. Anxiety on account of weather, financial difficulties, or moral responsibilities, fear of robbers, and hypochondriac traits without neurasthenic basis, belong to this category. So-called anxiety neurosis belongs partly here and partly to neurasthenia and hysteria.

d. The pure depressive type. This is the one most directly in line with the parent constitution.

The impulsive psychopathic constitution forms a distinct type. The impulsiveness is the expression of an undue intensity or perhaps over-valuation of certain particular images or groups of images within the psychic sphere. The images in question need not contain anything abnormal, and in fact may not even be unduly "*gefühlsbetont.*" Such overstressed images may form the basis of so-called phrenoleptic images or acts. The states in which the latter occur may constitute a psychosis or in a milder form may represent merely a tendency to phrenolepsy.

The prenoleptic or impulsive psychopathic constitution presents following varieties:

(a) The phrenoleptic psychopathic constitution proper, which is characterized by the tendency to overstressed (*überwertige*) images and corresponding act.

(b) A type in which the overstress of images and acts is a light and passing feature.

(c) Another type in which the overstressed images and acts are further strengthened by awareness with reference to the abnormal state as well as by an accompanying *Fremdheitsgefühl.*

This classification does away with the conception of impulsive insanity.

Morbid liars and swindlers belong mostly to the hysterical psychopathic constitution. The so-called "congenital" criminal represents no special class of psychopathic constitution any more than the sexually morbid.

Instead of fully developed psychoses we may encounter transitory disorders growing out of any one of the psychopathic constitutions. The differential diagnosis between these various psychopathic constitutions and the delineation of the actual psychoses to which they give rise respectively are problems which remain to be worked out.

J. S. Van Teslaar.

DIE PSYCHOLOGISCHE PROPHILE. (ZUR METHODIK DER QUANTITATIVEN UNTERSUCHUNGEN DER PSYCHISCHEN VORGÄNGE IN NORMALEN UND PATHOLOGISCHEN FÄLLE.) *G. Rossolino. Klinik f. psychische und nervöse Krankheiten,* Vol. vi, 1911. No. 3-4.

This is a German translation of a monograph originally printed in Russian in which the author proposes a plan of psychological analysis in which the results should be expressed in numerical terms. The scheme is applicable to both, normal and subnormal subjects and involves the examination of nine psychic processes which, according to the author, form the basis of every personality, as follows:

1. Attention, its concentration and range.
2. Volition, particularly as shown in resistance to automatism and suggestibility.
3. Perception, as tested by the methods of recognition and reproduction.
4. Memory, tested by immediate and delayed reproductions at various intervals. Optical, auditory, and other images are considered.
5. The process and range of understanding.
6. The synthetic faculty.
7. The capacity to find or discover.
8. The form and range of imagination.
9. The faculty of spontaneous observation as revealed in "description" tests.

There are no new tests included in the list proposed and some among those suggested in this plan are not the best that have been devised for purposes of mental examination. The peculiar feature of this plan is the suggestion that the results of the various tests be expressed in decimal numbers (maximum $\frac{10}{10}$) under each of the nine series so that the tabulated data may also be represented graphically. A number of interesting examples of such "psychological profiles" are given, some illustrating the results obtained in the examination of children before and after various ailments.

J. S. Van Teslaar.

DAS ICH-ERLEBNIS. *W. Bloch.* ARCH. F. SYSTEMATISCHE PHILOSOPHIE, Vol. xvii, 1912, pp. 89–103.

The problem which the author has set out to investigate may be formulated as follows: Is self a psychical datum having an existence of its own distinct from the other components of experience, or is it obtained only as a concomitant of other psychical data? Notwithstanding his use of the term Ich-Erlebnis the author is concerned here with self in the widest sense and not with that phase of it only which pertains strictly to the feeling of personality.

By way of clearing the ground for his inquiry a distinction is drawn between functional units of the mind and the psychical data or units as actually experienced; the former become discernible when we adopt the purposive point of view, as we are bound to do in connection with some of the problems that arise in an inquiry concerning the operations of the mind. Their character is essentially quantitative, and under this consideration these psychical data are further divisible into simpler parts. In their essence the latter, or experiential units, are qualitative and preserve throughout their character as units. A further division of all psychic data is recognized into simple or elementary and compound or mass units.

Bearing this difference of viewpoint in mind we may ask ourselves: How many separate parts have been recognized to a given single act of experience? The sensorial acts are taken as example. In ordinary experience every sensory act stands as a unit, but under the scrutiny of introspective analysis as many as four different factors have been distinguished and described by different investigators as follows:

I. The object, or that portion of the external or objective world to which the sensorial experience refers.

II. The content, by which is meant that portion of the sensorial act through which the object is perceived; in other words, the subjective side of the experience.

III. The operation, that is, the act of experiencing.

IV. The awareness, by which is meant not only the "feeling" that an act is taking place (as in III), but the more or less clear realization that the sensorial act pertains to an experiencing center, in short the Ich-Erlebnis.

Modern psychologists are by no means agreed on this dissection of sensorial data or its implications. Some recognize no independent quality to IV, the awareness of self. Wundt (*Grundzuge der Psychologie*, 1907) and Külpe (*Einleitung in der Philosophie*, 1895, p. 621) recognize no distinction between III and IV and none between I and II,—so that for them object and content on the one hand and experience and awareness on the other are identical qualities of the experiential act. Witasek (*Grundl. der Psych.*, 1908, p. 73) also combines III and IV; Cornelius (*Psychologie als Erfahrungswissenschaft*, 1907, p. 16) denies IV, besides uniting I and II. Lipps (*Leitfaden der Psychol.*, 1909, p. 3; *Psychol. Unters.*, p. 8), on the other hand, draws a distinction between III and IV but none between I and II.

Another group of writers insist that awareness of self is a special psychic datum. Husserl (*Logische Unters.*, 1901, Vol. II, p. 355) lifts the experience of self to the same plane as all other *Vorstellungserlebnissen* and Münsterberg (*Grundzüge der Psych.*, 1900, p. 24) maintains that ordinary sensorial acts contain no "self" quality and that a special *Einstellung* is necessary before the latter may be experienced.

In the concluding portion of his study Bloch not only aligns himself with Husserl and Münsterberg, but maintains that Ich-Erlebnis is not a part of the ordinary act of any experience, sensory or otherwise. Objectivity too is beyond experience, — we are aware only of the presence of a content. The experience (III) is merely the relation between the two streams (subject-object) or series of processes in every mental act; it is therefore not to be looked upon as a special datum in the process or act. The two mentioned streams of the single act are: a qualitative something which stands for what is actually experienced and another qualitative something which refers to the experiencing center, but in varying degrees of clearness according to the *Einstellung*, and which appears upon reflection only. The experience of self, then, is a difference in the reflection upon one's own experience as contrasted with the experience of another.

As has been mentioned already, Bloch takes the sensory experiences as type and maintains boldly that what he has stated about them holds true of all other forms of experience, including the feelings. This generalization seems unjustified. Even if it be granted that sensory experiences contain no "self" quality as a special ingredient (a matter upon which psychologists, as we have seen, are by no means agreed) it would by no means follow that the same is true of the emotional and volitional processes. Indeed, psychological researches within recent years have brought abundant testimony in support of the view that "self" is intimately bound with every emotional act. Volition, too, is peculiarly "personal"; a will that is not some one's will is almost unintelligible. Even Münsterberg, with whose views the author is, on the whole, prepared to identify his own, holds that "self" is part of the experience in every volitional or emotional process, even if it does not enter into every sensorial experience, a fact which is apparent from the very passage which Bloch quotes from Münsterberg (*Grundzüge der Psychol.*, p. 24).

Another point: while it is true that Lipps draws no distinction betweeen content and object within the direct sensory experience as an experience, he recognizes it as an act of reflection. In justice to Lipps this should be mentioned when his views are subjected to criticism.

J. S. van Teslaar.

REVIEWS

THE OUTLINES OF EDUCATIONAL PSYCHOLOGY. *William Henry Pyle.* (Univ. of Mo.) Published by Warwick and York, Baltimore, 1911; 254 pp. $1.25.

This book, as to general purpose, classifies readily with a group started some eighteen years ago by Halleck's "Psychology and Psychic Culture" and "Education of the Central Nervous System." The difference in spirit and subject-matter between the present book and those of Halleck is a rough measure of the progress of educational thought in this country. The present work discusses heredity, eugenics, individual differences, instincts, fatigue, and the meaning of the duration, helplessness, and plasticity of infancy in the light of biological and evolutionary concepts, while the former, of necessity, left them unnoticed.

The author sees the possibility of a science of education (1) in its aims, deduced from sociology; (2) in the nature of children, as revealed by biology and psychology; (3) in the characteristics of the education process, as defined by sociology and psychology, and (4) in its methods shaped and guided by the principles of educational psychology. Education is considered a process of adjustment and an effective antidote to formalism, manual training and industrial education taking first rank in the curriculum, and becoming its corner stone.

The book is true to its "type" in that it contains the usual descriptions and educational implications of the social, collecting, play, and imitative instincts. It is unfortunate that over one-half of the space is devoted to instincts and habits, since these questions have been so well treated elsewhere and nothing new is added here. A more detailed and interpretative account of results in experimental educational psychology, substituted in part, would have been more to the purpose of the book.

As a new feature, there is submitted at the end of most of the chapters a bibliography of original studies bearing on the topic under discussion. The "questions and topics for further study" at the end of each chapter is well done and will, doubtless, be considered by many the most valuable part, of the text.

Parents, many teachers and some school men will endorse the spirit of these sentences: "A number of children forming a room or grade should be a unit for doing all the things that the children ought to do," and "The child has little business in school before the age of eight." Foundation for moral training must be

laid in the first eight years of a child's life. The author might have made use here of the discoveries of psychoanalysis to reinforce the importance of juvenile ethics.

As to topics, problems, and literature, the book is suggestive and directive. The appendices contain suggestive blank forms for collecting child statistics, and tables of "norms" in height, weight, strength, tapping rate, and vital capacity.

LINUS W. KLINE.

MOTIVE FORCE AND MOTIVATION–TRACKS. *E. Boyd Barrett, S. J.*, Doctor of Philosophy, Superior Institute, Louvain; Honours Graduate, National University, Ireland. Longmans, Green and Company, London, 1911; pp. xiv, 225.

The worst part of this important research into the psychology of the will is its misleading title: there is present in it little or nothing about the energy that underlies our motives and nothing at all about tracks in the nervous system, this term being used in a purely metaphoric way for habits. The book discusses, in a new way and ably, the determinants of conscious motives to choose and their tendency to habituation. It is a research essay in volitional introspection.

There is a noteworthy introduction and then the eleven chapters concern themselves respectively with "Modern theories of the will, The object and method of the present research, Motives, Motive-force and its measurement, Motivation-tracks, The evolution of motivation, Automatism, Hesitation, Hedonism, The relativity of values, and The psychology of character." Obviously these topics are among the most important of those that might interest not only the therapeutist in mental derangement of all kinds, but the academic psychophysiologist. Few recent investigations of the conditions underlying behavior have produced more product of use to delvers into the subconscious than this research; on the other hand the actual results are perhaps of less consequence than its additions to methodology, inciting to many future homologous labors.

Five subjects were employed: a graduate in Arts of Cambridge University, a medical doctor and three philosophical doctors, including the author, of Louvain University, Belgium. The motives to choose were concerned with selection out of eight colorless and harmless liquids representing to a degree a scale of values from unpleasant to pleasant. The mechanism of research was properly adapted to the requirements of scientific work, all precautions having been taken apparently to assure results beyond

reproach. "There were three stages in our method: 1. The tastes just now described, were learned, associations between the names and the tastes being formed. 2. The strength of these associations was tested by means of the Recognition Experiments. 3. The Choice Experiments began." These latter were of four stages: (a) the perception of the stimulus (cards each bearing two of the nonsense names respectively connected with the liquids); (b) the motivation (evaluation of the differences between the tastes of the stimuli); (c) the choice or decision proper; and (d) the realization of the choice (drinking of the liquid chosen as the better alternative, making the motive a real event, comparable to the consequential choices of everyday life). The steps in the volition were measured with chronoscopes so far as was deemed necessary. At each sitting only seven choices were made, and a careful introspective report was recorded after each; the total number of volitions thus described by these trained subjects was 1063.

This monograph is a difficult one to accurately summarize and, therefore, even at the cost of omitting valuable details, it is expedient to quote its results in the author's own language. "The analysis of the choice-process brings to light the following facts: (1) the 'structural' phenomena [psychomotor processes of attention, alternation, adaptation, etc.] tend to persist; (2) the 'psychical' phenomena tend to disappear; (3) the reaction-time naturally tends to diminish; (4) the same choices repeat themselves in practically the same manner [forming motivation-'tracks']."

"Choices, when of the same kind, normally run along fixed lines. The general structure of the choice act, and the psychical contents remain the same, save for the inevitable evolution and shortening in point of time and content. The motives which recur are usually the same, though in a gradually modified form — they evolve. These motives and the whole choice act, so to speak, pass along beaten tracks. We speak figuratively, to make the matter clearer, not to tinge it with materialism or a determinism for which we see no shred of evidence" (p. 118ff.).

"The choice-process, with which we are here concerned, is not something purely psychical, nor yet purely physical. It is not like an abstract thought, nor is it like a sensation or a memory image. It is structural, that is to say, it holds together in parts; and these parts constitute the whole. The choice process too has feeling-tone; it is pleasant or painful; it is smooth and continuous, or jerky; it is swift and easy, or slow; it varies too in degree, sometimes being 'a typical choice, a real choice,' and at other times 'hardly a choice at all'" (subjects' words) (p. 103). [Compare the present reviewer's "Notes on the Neurology of Voluntary

Movement," *Med. Rec.*, 81, 20, 18 May, 1912, pp. 727–739, where some literal motivation-tracks are suggested along just about these lines.]

"We see that the natural tendency is towards automatic choosing. The times grow shorter, the number of phenomena grows less, only one alternative is considered, there is economy in every sense, and finally, the motivation reaches such a point, that it never, or practically never deviates from a certain curve or 'motivation track.' . . . Automatism, which we shall now consider in detail, is thus the natural issue of normal motivation. . . . Automatism should not then be considered as an evil, but on the contrary as a manifestation of the protective, and economizing tendency of volitional functioning." Here obviously is an orthodox and experimental sanction of the co-conscious or sub-conscious majority of our mental process.

In the chapter on hesitation, Doctor Barrett contributes ideas to the already considerable literature on abulic conditions; and in that on hedonism the sthenic nature of euphoric volitions is plainly demonstrated by the Hipp's reaction-times.

> "The feet that, creeping slow to school,
> Went storming out to playing!"

The relations of the development of automatisms to the rapidity of the choices is brought out. The "law of total relativity" is finely illustrated in these choices, simple though they were, and the chapter devoted to this subject is one of the most interesting in the book. Its practical bearings, like that of the preceding chapter on hedonism, cannot fail to be found of moment in the evaluation of motives by the psychiatrist as by the jurist and by the psychologist in general. Human motives constitute the effective basis of human behavior which is, in turn, the practical final purpose of all psychology and physiology. Books like this and that of Max Meyer are laying, slowly but permanently, a stable foundation for the real explanation of the will.

To students of the technical psychology of conation in its broadest denotation, the present volume cannot fail to be of interest, and its results and implications are timely contributions to the mysteries of the more hidden chambers of the soul, vital to every present reader.

George V. N. Dearborn.

Tufts Medical and Dental Schools.

DER ALPTRUM IN SEINER BEZIEHUNG ZU GEWISSEN FOREMEN DES MITTELALTERLICHEN ABERGLAUBENS. (The Relation of the Nightmare to certain Mediæval Superstitions.) *Prof. Ernest Jones. Aus den Schriften zur angewandten Seelenkunde, herausgegeben von Prof. Dr. Sigm. Freud.* Vierzehntes Heft. Deuticke, Leipzig u. Wien, 1912.

This exceedingly interesting and important monograph of one hundred and forty-nine pages, testifies afresh to the value of the insights into the tides and eddies, cravings, fears, and passions of human life, which are gradually taking shape in the form of fairly definite principles, under the influence of the psychoanalytic investigations now being made by an increasing group of very able observers.

The nightmare was long ago shown by Dr. Jones,[1] to be an attack of acute *angst*, induced by the surgings and conflicts of sexual passions and repressions, at their penultimate point of critical expression (pre-coitus). The essential elements of the typical nightmare dream are voluptuous excitement, passing rapidly into distress and fear, the sense of an overwhelming (or embracing) shape or presence (the incubus or succubus), to which the dream censor may allow but little definite form, and, finally, a feeling of helplessness or exhaustion, often attended by various physical signs of disordered nervous functions, in the midst of which the sleeper wakes.

It is easy to believe, when once the idea has been clearly presented to the mind, that unreasoning persons of superstitious temperament and training, brought up in an atmosphere of physical terror,[2] and taught to accept dreams as in some degree, at least (a point of great importance and historically well-established), veridical might easily find in such elements as these adequate grounds for the reinforcement of a belief in malevolent agencies of a supernatural order.

Dr. Jones discusses carefully, from this standpoint, the history of the vampire legends, the werewolf legends, the varying forms of devil-worship, and the epidemics of witch-persecution, and shows, with the aid of a marvellously rich collection of references and citations, how large a part the nightmare obviously played in giving an impetus, of one or another special sort, along these varied lines, to the great ball of mediæval superstition. The

[1]Cf. The Amer. Journal of Insanity, January, 1910.

[2]In Upham's history of witchcraft in Salem, a good account is given of the part played by physical terror — of the Indians, of cold and poverty, etc., in reinforcing superstitious tendencies.

due appreciation of this argumentation must presuppose some acquaintance with the now generally accepted theory of dreams which we owe to the genius of Sigmund Freud, and with the work done by other writers of the psychoanalytic school in demonstrating and analyzing the relationship of dreams to neurotic symptoms, myths, and fairy tales.[1]

Dr. Jones believes that the relation between the particular superstitions here in question, and the kinds of dreams here in question, is far more than a superficial one, and insists that in order to get at its real significance it is necessary to probe deeply the latent (sub-conscious or "unconscious") meaning of both these manifestations of the emotional life. To do this, however, one must become familiar with the psychology of childhood, and with the symbolisms that characterize dreams and myths and underlie the symptoms of psychoneurotic illnesses — an impossible task previous to the discoveries of the past few years. The real meaning of dreams of dead persons, who return in one or another form to plague and terrify the living, and of dreams into which animals enter (the "animal" passions, etc.) and others of analogous sorts, are studied from these standpoints. Nightmares belong to the class of "typical" dreams, that is, they are of a sort that are common to most dreamers at some period of their lives, and that illustrate familiar experiences and emotions. One characteristic of "typical" dreams is that the sexual element in them is especially predominant. It is, therefore, not surprising that the superstitions founded on such dreams should show evidence of their origin, in this respect, and a close study of mediæval history clearly indicates this to have been the case with the superstitions here considered. This generalization is true, not only as regards such points as the supposed sexual relations of the devil with the witches, or of supernatural beings with men (a sort of after-clap of Greek mythology, etc.), but even to situations where the sexual element is not at first evident, as in the numerous dreams relating to persons who have died, most of which refer to parents, or to later representatives of parents, towards whom feelings are often entertained in early childhood that have a far more passionate coloring than is commonly believed. Such so-called "incest" often contain motives of love and hate (rivalry), and similar feelings permeate the assumed life-drama of the supernatural beings to which the dreams give rise. It is comprehensible enough that the state of exhaustion and distress which the nightmare

[1] See other volumes of this same series by Rank, Riklin, Abraham, as well as the psychoanalytic literature in general.

causes should be referred to blood-sucking or otherwise malicious supernatural beings. Indeed, from the starting point of personal passions, disguised but not neutralized by "repression," the path leads straight onward through mystery and fear to self-distrust, and (through the projection of one's own feelings outward) to fear, distrust, and hate of persons and agencies of a real or a supernatural world, as the case may be, in which the victim lives or assumes himself to live.

The varying and highly complex notions of the devil owed and owe their strength to this principle of the "projection," or "reference," to greater powers of repressed feelings and emotions longing for an outlet. The devil has had a curious history, roughly reflected in the various popular descriptions, terms, and references in which he is alluded to. In some respects he resembles the Deity, and has been worshiped as such. In others he resembles a father, and appeals as a character by no means wholly bad, as, on the other hand, the typical "father" is by no means wholly good. It would be a fascinating task to follow the author's reasoning through these highly complex byways, point by point, but where every fact and argument is important, and every conclusion drawn with so much care, to do this thoroughly would be to rewrite the book. Many important side issues are touched upon, amongst others the influence of the Roman church, which at first opposed certain of the superstitious tendencies, particularly the witch-persecutions, but then utilized them for its own ends, that is, for the repression of heretical beliefs.

The history of the witchcraft delusion is summarized very interestingly, and illuminated freshly with a new sort of light.

Taken as a whole, we have presented to us the picture of an immense superstructure of complex superstitions, resting for the most part on the deeply-founded psychological tendency, common to all men, to lead double lives; one of conscious selection in the interests of a conventional and self-distrustful civilization; the other embodying an instinctive attempt to repress a series of powerful cravings and desires, too strong to be thoroughly excluded from the privilege of influencing thought and action. The most that *unconscious*, *instinctive* repression can usually do is to transform desires and cravings into fears. It cannot easily eradicate them.

The presentation of these facts by Dr. Jones is important and timely, not alone as a contribution to history and psychology, and as an indication of the fruitfulness of the psycho-analytic movement, but also as throwing fresh light on an immensely important chapter of clinical medicine, as well as on the needs of social life.

Superstition is not dead, but lives on, if only in refined forms, and in the symptoms of nervous invalidisms the essential history of these delusions finds itself more or less repeated.

JAMES J. PUTNAM.

PSYCHANALYSIS. *Its Theories and Practical Application. A. A. Brill, Ph.B., M.D.* W. B. Saunders Company, 1912.

The author is an earnest and faithful follower of Freud's work, and few should be so competent to give us an accurate rendering of it. He, and also the reviewer, used to attend the meetings of a certain society, part of whose program was often the presentation of a "psychoanalysis" of some especially instructive case. At the close of such remarks it was usual for some Freudian member of the audience, as it might be Dr. Brill, to arise and vehemently denounce the speaker for having the effrontery to apply this exalted term to the incomplete and fragmentary effort just laid before us. So now there is reason to fear that, as anti-Freudians will condemn this book on the ground that it says what it should not, Freudians will condemn it for not saying enough of what it should. It is a good elementary account of most, not all, principles of Freudian psychology composed largely of material already printed. The main regret is that it devotes so little space to the question of symbolism and its criteria. This is, of course, the phase of psychoanalysis to which the most legitimate objections are raised.

Though the adherents of Freud have too strongly insisted on these derivations as an integral part of their doctrine, one must not allow his attitude to be so dominated by these deficiences in formulation that he overlooks the dynamic features in the *Fragestellung* that are of genuine value. To any one who has followed the literature, the chapter headings of the book give a pretty clear idea of what the content of each is going to be, the principal novel matter being the illustration of Freudian principles with material from the author's own experience. Any one with an affective bias against psychoanalysis will find little indeed to praise in the book (*Stundenlang könnte man sich darüber entrüsten!*) for it accepts and expresses without criticism a great deal that gives rise to such opposition, though also without the violence of Ernest Jones, or the superciliousness of Hitschmann. The somewhat electrically charged matter of the *Uebertragung* is quite gingerly handled in the preface. It required Ferenczi to say of the mentioned therapies, "In all these cures, however, the most important therapeutic agent is the unconscious transference, in which a rôle is certainly

played by the disguised satisfaction of libidinous tendencies (in mechanotherapy by the shaking, in hydrotherapy and massage by the rubbing of the skin)."

The opening chapter, nominally on the psychoneuroses, is general and prefatory. The second, on dreams, contains some apt illustrations of the so-called dream-mechanisms, but the theoretical formulation is not as adequate as other authors have given in English (Jones, Ferenczi), or as Dr. Brill himself should readily have made it. That on the *actual-neuroses* (neurasthenia and anxiety neuroses) is much too short, and concerned almost entirely with the latter. There was no need to apologize for "recognizing the sexual"; nor elsewhere needful to specify that "only those who are themselves free from all sexual resistances, and who can discuss sex in a pure-minded manner, should do psychanalytic work"; this is as true as the words of the sage Shacabac, that none but the wise should marry, and they didn't.

The most difficult chapters are those on the compulsion neuroses and on paranoia, in which the Freudian mechanisms for each condition are illustrated by the review of a case. "Psychanalysis and the Psychoses" is essentially an account of the application of association tests in two dementia præcox cases which should have been revised in connection with other work of the same sort. With the five volumes of the *Psychologische Arbeiten* in mind, it does not seem quite just to say that "Kraepelin totally ignores individual psychology." "Psychopathology of Everyday Life" is a familiar title. The idea is clearly explained, and the illustrations, with one or two exceptions among the symbolic actions, are well chosen. (Deep and multifarious, by the way, must have been the complexes and resistances of whoever is responsible for the spelling of the reference-lists.) The conception of the *Symptomhandlungen* is perhaps a little broader than *Alltagsleben* would imply.

Much the best chapters in the book are the eighth and tenth, on hysterical fancies and dreamy states, and on the only or favorite child in adult life. The former deals with the pathological relations of day-dreams and their inadequately adaptive function, while the second discusses certain specific difficulties of adjustment to which such children are exposed in later life owing to the bad mental hygiene of their early environment. The value of these ideas does not depend upon strained analogies or logical contortionism. There is a short chapter on the familiar Œdipus-complex, with illustrative cases. It would have been better to elaborate the hint of how "an uncomprehending secondary elaboration tries to make it serve theological purposes," which has an

unpleasantly Laodicean flavor. Finally, there is a brief account, with cases, illustrating Freud's observations on the association of parsimonious and systematic personal habits with an especial prominence of the anal region in the individuals erotic system, and the volume concludes with a long chapter on Freud's theory of wit. The attempt is made to demonstrate in wit the same mechanisms (condensation, displacement) that are thought to obtain in allied mental processes. Wit without tendency is contrasted with purposeful wit, which serves either for aggression, satire or defense, also as exhibition (obscenity); it is a question how far some of the interpretations made are borne out in social experience. The distinction between wit and the comic is, however, well found.

In his writings the author has been hampered by insufficient command of the literary idiom of a non-native language, and though there has been consistent improvement in this regard, there is yet an unquestionable lack of the dignity of expression that befits a scientific work. This is particularly unfortunate in a book dealing with ideas that, if at all crudely expressed, are sure to arouse opposition above their due. Thoughtful and sympathetic observers of the Freudian movement have seen in much of the adverse criticism encountered, "it wasn't what he said, but the nasty way he said it," so that it would be a great pity if this book, distinctly more sober in spirit than the average psychoanalytic presentation, should arouse on mere linguistic grounds, resistances it tries to obviate on intellectual ones.

F. L. W.

THE SEXUAL LIFE OF THE CHILD. *Albert Moll.* The Macmillan Co., New York, 1912; pp. xii, 339.

This work discusses in a systematic and lucid manner, the entire sexual life of the child, although from the limitations imposed by space, some of the data are given in a rather fragmentary manner. From a discussion of the sexual impulse the author passes to an account of the sexual differentiation of childhood, the latter furnishing the basis for the various pathological manifestations —the sexual life of children. The chapter on sexual education is admirably done and should be read by all those who are interested in the propaganda for sex hygiene. It seems unfortunate, that the discussion of the development of secondary sexual characters, should have been limited to an account of castration in the male and oophorectomy in the female, and nothing said about the in-

fluence of the hypophysis and pineal glands upon sexual development. The occasional physical act of masturbation in childhood, he does not consider as especially dangerous; the only danger lies when the act is long continued and frequently repeated and accompanied by auto-erotic fantasies or artificial postponement of the voluptuous acme. If there exists a congenital predisposition to nervous disorders, the mental accompaniments of the act may lead to severe psychoneurotic disturbances in adult life. Naturally, of course the student of abnormal psychology will turn to the passages dealing with the theories of Freud and his school. If for no other reason, this work of Moll is of interest and value, as being the confirmation by a non-Freudian and by one who is skeptical concerning the value of psychoanalysis, of the existence of the sexual instinct and craving during the early years of childhood. He is of the opinion, however, that sexual repressions or fantasies in childhood have little or nothing to do with the development of psychoneuroses later in adult life. He states, for instance, that in psychoanalysis, dreams are interpreted symbolically at will and in this arbitrary interpretation of alleged symbols he detects the principal source of fallacy in psychoanalytic technique. However, this standpoint in the opinion of the reviewer is not well taken, for anyone, who has had any practical experience with psychoanalysis, believes that there are a large number of so-called "typical dreams" whose interpretation does not depend upon the arbitrary imagination of the examiner. Again while sucking movements in the infant may not be a clear manifestation of infantile sexuality, being, as he states, a form of hunger craving, yet it has been recently pointed out that they pass over by slow gradations to sexual craving. Concerning the important Oedipus complex, he is skeptical concerning this Oedipus trend in childhood, yet almost in the same paragraph he is compelled to admit that sexual elements "are intermingled" with the over caressive affection of the child for its mother. On the whole, however, with the exception, as it appears to the reviewer, of the lack of clear understanding concerning the scope and methods of the Freudian psychology, the book can be highly recommended as being a clear and brief statement of the various phases of the sexuality of childhood. Data and clinical observations are furnished as an incontrovertible argument that sexual craving and manifestations may appear in the individual, long before the appearance of the physiological differentiation of puberty. To those whose interest in sexual hygiene is limited to a propaganda beginning only after the physiological epoch of puberty, because they deny that sexuality appears previously, the book furnishes evidence of quite another character

and should emphasize the view that the most important part of sexual training should begin with the child.

I. H. Coriat.

AN INTRODUCTION TO PSYCHOLOGY. *Wilhelm Wundt. Translated from the second German edition by Rudolf Pintner.* The Macmillan Co., New York, 1912.

A little book of less than two hundred pages (in translation), which attempts only "to introduce the reader to the principal thoughts underlying present-day psychology, leaving out many facts and methods which would be necessary for a thorough study of the subject."

First, the terms psychology and consciousness are defined and the general characteristics of the latter (scope, threshold, variations in clearness, etc.), briefly described and illustrated.

Having thus designated consciousness as the subject-matter of the science of psychology, it is seen at once "that the whole task of psychology can be summed up in these two problems: (1) What are the elements of consciousness? (2) What combinations do these elements undergo and what laws govern these combinations? The elements are found to be sensations (memory images are reduced to sensations) and feelings. Sensations are always projected outwards as objects or their qualities, our own body being an object; feelings, on the other hand, are always subjective. Of feelings there are three pairs — pleasure and pain, strain and relaxation, excitation and quiescence. This is the Wundtian "tridimensional" theory of feeling. Sensation and feeling are abstractions, we do not experience them except in combinations.

Out of these elements are built up all the conscious processes, emotional and volitional processes as well as perceptions and so on. There are two general types of combinations, associative and apperceptive. Of the first (associative) there are (1)fusions (a musical chord), (2) assimilations (such as recognitions), (3) complications (where the images which make up the complex are contributed by more than one sense), and (4) successive associations (as when one word calls up another).

Apperceptive combinations are distinguished from associative combination in that they are *active* (attended by a feeling of activity), and in that they possess a certain *unity* which does not attend associations. This sentence which I write is not, for the reader, so many words in succession (association), it is understood as a whole (apperception).

The last chapter, there are only five, treats of the laws of psychical life. The value of the chapter, however, is less in its statement of those laws, than in its general defense of the view that such laws are there to find.

With such a brief treatment of so large a subject it would be easy to find fault. Yet the book is very readable, the translation, though somewhat free, accurate (so far as comparison was made) and in excellent English. It ought to be said, in closing, that the psychology here introduced is essentially Wundtian, to some of which many psychologists would not assent.

Harvard University. J. H. Picken.

RC
321
J7
v.7
Biological
& Medical
Serials

The Journal of abnormal and social psychology

NOT FOR CIRCULATION

PLEASE DO NOT REMOVE
SLIPS FROM THIS POCKET

NOT FOR CIRCULATION

UNIVERSITY OF TORONTO
LIBRARY